John McGivney CHILDREN'S CENTRE

3945 Matchette Rd.
Windsor, Ontario N9C 4C2
T: 519.252.7281
Toll Free: 1.800.976.JMCC (5622)
F: 519.252.5873
www.jmccentre.ca

REFERRAL FORM

***Indicates mandatory field**

CHILD/YOUTH REFERRAL:

By checking YES, you are stating that consent has been obtained from the Parent/Guardian/Client and we can proceed with processing the application. Thank you.

☐ * YES, Parent/Guardian/Client has agreed to this referral.

REASON FOR REFERRAL:

There are concerns about the child/youth's ability to:

☐ Move around - please explain:

_____

_____

☐ Perform daily activities such as feeding/eating - please explain:

_____

_____

☐ Understand other people, or tell people what they want - please explain:

_____

_____

☐ Get along with others, or the way their development impacts their ability to participate - please explain:

_____

_____

☐ Other

_____

_____

CHILD/YOUTH INFORMATION:

Child/Youth Name:

*First Name: _____ Middle Name: _____ *Last Name: _____

REFERRAL FORM

3945 Matchette Rd.
Windsor, Ontario N9C 4C2
T: 519.252.7281
Toll Free: 1.800.976.JMCC (5622)
F: 519.252.5873
www.jmccentre.ca

*Date of Birth: (mm/dd/yyyy) _____ Age: _____

*Gender
☐ Female
☐ Male
☐ Other/Unknown

How does the child identify?
☐ She/Her
☐ He/Him
☐ They/Them
☐ Other
☐ Prefer not to answer

Address:

*Home Address: _____

*City: _____ *Province: _____ *Postal Code: _____

*Parent/Guardian 1:

*First Name: _____ *Last Name: _____

*Phone Number: _____ Email Address: _____

*Is the address the same as the child/youth?
☐ Yes
☐ No

If 'no', please list address below:

Address: _____

City: _____ Province: _____ Postal Code: _____

John McGivney CHILDREN'S CENTRE

3945 Matchette Rd.
Windsor, Ontario N9C 4C2
T: 519.252.7281
Toll Free: 1.800.976.JMCC (5622)
F: 519.252.5873
www.jmccentre.ca

REFERRAL FORM

Is there a second Parent/Guardian?
☐ Yes, if 'yes' – please fill in name below
☐ No

First Name: _____ Last Name: _____

*Phone Number: _____ Email Address: _____

NAME OF PERSON REFERRING:

*Your relationship to child/youth:

☐ Self
☐ Parent/Guardian
☐ Healthcare Practitioner

Please tell us who you are and how we can reach you:

First Name: _____ Last Name: _____

Phone: _____ Email: _____

☐ Community Professional

Please tell us who you are and how we can reach you:

First Name: _____ Last Name: _____

Phone: _____ Email: _____

☐ Other

Please describe: _____

First Name: _____ Last Name: _____

Phone: _____ Email: _____

John McGivney CHILDREN'S CENTRE

3945 Matchette Rd.
Windsor, Ontario N9C 4C2
T: 519.252.7281
Toll Free: 1.800.976.JMCC (5622)
F: 519.252.5873
www.jmccentre.ca

REFERRAL FORM

ADDITIONAL INFORMATION:

Is an interpreter needed: ☐ Yes ☐ No

If 'Yes', please specify language: _____

Does the child/youth attend school or daycare?

☐ School
☐ Daycare
☐ None

*Other Agencies involved with the child/youth:

☐ None
☐ Children's Aid Society
☐ Children First
☐ Connections Early Years Family Centre/Talk 2 Me
☐ NICU (Neonatal Intensive Care Unit)
☐ Regional Children's Centre/Hotel Dieu Grace Healthcare
☐ Private Provider
☐ Unknown
☐ Other, please specifiy: _____

SERVICES REQUESTED:

I am looking for services related to:

☐ Augmentative Communication
☐ Autism Services
☐ Cleft Lip Palate/Craniofacial Dental Program
☐ Occupational Therapy
☐ Physiotherapy
☐ Seating & Mobility
☐ Speech & Language
☐ Summer Camp (current clients of JMCC only)
☐ Therapeutic Recreation (current clients of JMCC only)
☐ Velopharyngeal Inadequacy (VPI) Clinic
☐ Other, please explain: _____
☐ Unknown

REPORTS:

Please attach and send in with this this form, any reports you wish to share with us.

John McGivney Children's Centre

3945 Matchette Rd.
Windsor, Ontario N9C 4C2
T: 519.252.7281
Toll Free: 1.800.976.JMCC (5622)
F: 519.252.5873
www.jmccentre.ca

REFERRAL FORM

COLLECTION AND SHARING CONSENT:

Client/Family agree with the collection and sharing of information for the purposes of processing this referral.

*Please respond: ☐ Yes ☐ No

Name of person providing consent: _____

If you have any questions or need assistance completing this referral, please call us at 519-252-7281 or 1-800-976-5622. We can be reached Monday to Friday, 8am – 5pm.

When the referral form is completed, you can drop off, fax, or mail the form and any attachments to:

John McGivney Children's Centre
Attn. Intake Dept.
3945 Matchette Road
Windsor, ON N9C 4C2

Fax: 519-252-5873, Attn. Intake Dept.