

Allied Therapy Referral Form

Patient Name:

DOB:

Phone:

Email:

Reason For Referral *Check all that apply

Developmental & Neurodevelopmental

- ☐ Autism / suspected autism
- ☐ ADHD / suspected ADHD
- ☐ Developmental delay / concerns
- ☐ Speech or language delay
- ☐ Learning / literacy concerns
- ☐ Motor development concerns
- ☐ Sensory processing concerns
- ☐ Feeding concerns
- ☐ Social communication concerns

Mental Health & Emotional Wellbeing

- ☐ Anxiety
- ☐ Emotional regulation concerns
- ☐ Stress / coping difficulties
- ☐ Self-esteem
- ☐ Family or life transitions
- ☐ Trauma-related concerns
- ☐ Behaviour concerns

Neurological & Adult Support

- ☐ Stroke / neurological condition
- ☐ Speech/language/communication changes
- ☐ Swallowing changes
- ☐ ADHD / executive functioning support
- ☐ Home safety / aging safely at home
- ☐ Other:

Areas for Support- *Check all that apply

Speech, Language & Communication

- ☐ Speech clarity
- ☐ Language development
- ☐ Stuttering
- ☐ Social communication
- ☐ Literacy
- ☐ AAC
- ☐ Feeding / swallowing
- ☐ Communication after neurological change

Occupational Therapy

- ☐ Fine / gross motor skills
- ☐ Sensory processing
- ☐ Daily living skills
- ☐ Feeding
- ☐ Handwriting
- ☐ Emotional / self-regulation
- ☐ Executive functioning
- ☐ Home safety / aging safely at home

Behaviour Support

- ☐ Behaviour support
- ☐ Parent / caregiver coaching
- ☐ Skill development
- ☐ Transitions
- ☐ Emotional regulation
- ☐ Impulse control
- ☐ Executive functioning
- ☐ Behaviour support planning

Mental Health

- ☐ Anxiety
- ☐ Emotional regulation
- ☐ Stress / coping
- ☐ Self-esteem
- ☐ Family transitions
- ☐ Caregiver strategies
- ☐ Neurodivergent-affirming counselling
- ☐ Play therapy

ADHD & Executive Functioning

- ☐ Planning / organization
- ☐ Task initiation
- ☐ Time management
- ☐ Follow-through
- ☐ Impulse control
- ☐ Emotional regulation
- ☐ School strategies
- ☐ Workplace / everyday-life strategies

Service Requested - Optional

- ☐ Speech-Language Pathology
- ☐ Occupational Therapy
- ☐ Behaviour Therapy
- ☐ Mental Health
- ☐ Parent / Caregiver Coaching
- ☐ Not sure

Provider Name:

Clinic:

Date:

Fax / Phone:

Comments / relevant history: