

Paediatric Clinic Referral Form

Principal or School designate:

Please complete the information below and forward to your Model School Paediatric Health Initiative clinic coordinator when you feel that a child in your school may need the attention of paediatrician. The information will be reviewed by the primary care practitioner and/or the paediatrician, with appropriate follow up and/or appointment with the child and parent/guardian, and/or school team.

Thank You

Date: _____ Principal: _____ School: _____

Child's name: _____ D.O.B.: _____ Grade/Class: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Is interpretation required? ☐ Yes ☐ No Language: _____

Does the child have a family practitioner? ☐ Yes ☐ No

Name and contact info of family practitioner: _____

Has the child had a:

Vision/Screen Test: ☐ Yes ☐ No Date: _____ Result: _____

Hearing/Screen Test: ☐ Yes ☐ No Date: _____ Result: _____

Assessments to date:

School support meeting: ☐ Yes ☒ No Psychological assessment done: ☒ Yes ☐ No

Professional support services involved (provide name and contact info):

☐ Social worker/counsellor: _____

☐ OT/PT: _____

☐ Speech pathology: _____

☐ Psych: _____

☐ Outside Services: _____

Social/Communication Skills:

- | | |
|--|---|
| <input type="checkbox"/> Poor or limited eye contact | <input type="checkbox"/> Pedantic speech ("little professor" dialogue) |
| <input type="checkbox"/> Solitary or parallel play | <input type="checkbox"/> Advanced vocabulary |
| <input type="checkbox"/> Limited peer interaction | <input type="checkbox"/> Articulation errors |
| <input type="checkbox"/> Flat affect (show little emotion) | <input type="checkbox"/> Persistent difficulty reading nonverbal cues (body language, facial expressions) |
| <input type="checkbox"/> Specific preoccupations/interests (e.g. Batman, dinosaurs, video games, etc.) | <input type="checkbox"/> Persistent difficulty taking listener's perspective |
| <input type="checkbox"/> Prefers playing with things (toys) vs. playing with others | |

Proprioceptive Skills

- ☐ Poor gross motor skills (running, walking, biking, sitting)
- ☐ Poor fine motor skills (printing, buttons, zippers)
- ☐ Sensory sensitivities: sound, noise, sight, touch, clothing, food texture, e.g. _____
- ☐ Poor balance
- ☐ Self-stimulation, e.g. spinning, flapping, other: _____

Behaviour

- | | |
|---|---|
| <input type="checkbox"/> Wanders (in classroom, in school, leaves classroom) | <input type="checkbox"/> Difficulties completing a task |
| <input type="checkbox"/> Difficulty with routines (hasn't internalized) | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Difficulty with transitions (changing activities, new environments, supply teachers) | <input type="checkbox"/> Frequently speaks out |
| <input type="checkbox"/> Weak attention span or difficulties concentrating | <input type="checkbox"/> Frequently tantrums |
| <input type="checkbox"/> Physical restlessness | <input type="checkbox"/> Noncompliance |
| <input type="checkbox"/> Difficulties getting started on a task | <input type="checkbox"/> Weak peer relationships |
| <input type="checkbox"/> Difficulties remaining on a task | |

Emotional Presentation

- | | |
|--|--|
| <input type="checkbox"/> Heightened anxiety | <input type="checkbox"/> Repetitive thoughts and/or worries/fears. |
| <input type="checkbox"/> Repetitive behaviours | E.g. _____ |
| <input type="checkbox"/> Shy or self-conscious | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Moodiness | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Angry outbursts or rage | |

Academic Skills

- | | |
|---|---|
| <input type="checkbox"/> Weak phonological | <input type="checkbox"/> Weak writing |
| <input type="checkbox"/> Weak inference skills | <input type="checkbox"/> Poor spelling |
| <input type="checkbox"/> Weak decoding | <input type="checkbox"/> Limited oral vocabulary |
| <input type="checkbox"/> Poor comprehension | <input type="checkbox"/> Weak calculation skills |
| <input type="checkbox"/> Difficulties understanding oral instructions | <input type="checkbox"/> Difficulties understanding word problems in math |



SCARBOROUGH
CENTRE FOR
HEALTHY
COMMUNITIES



Any other relevant information? (100 words or less in total please):

1:

2:

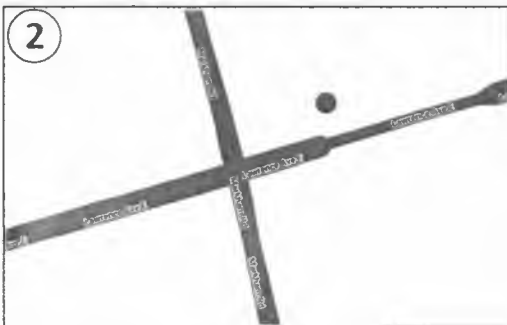
3:

Select preferred
clinic location:

- ☐ 1
☐ 2
☐ 3
☒ 4
☐ Phone/Virtual



Willow Park JPS
45 Windover Dr.
Scarborough, ON M1G 1P1
(Lawrence & Scarborough Golf Club Rd.)



629 Markham Rd.
Scarborough, ON M1H 2A4
(Markham & Lawrence)



2660 Eglinton Ave E
Scarborough, ON M1K 2S3
(Brimley & Eglinton)



520 Ellesmere Suite 303
Scarborough, ON M1R 0B1
(Ellesmere & Birchmount)