

REFERRAL FOR ACCESSING PROGRAMS AND CLINICAL SERVICES AT MANITOBA DEVELOPMENTAL CENTRE

(Services for Adults-Department of Families)

The following personal health information is being collected so that we can provide you with the appropriate service and we only collect what we need to accomplish for that purpose. Privacy will be protected in accordance with the Personal Health Information Act (PHIA).

| |
|--------------------------------|
| Administrative Use Only |
| Date Received: _____ |

Name: _____

Address: _____

City: _____ **Postal Code:** _____

E-mail: _____ **Phone Number:** _____

Primary Language: _____ **Interpreter Needed:** Yes No

Birthdate: _____ **PHIN #** _____

CONTACT FOR APPOINTMENTS IF DIFFERENT THAN ABOVE:

Name: _____ Address: _____ Postal Code: _____

Phone: _____ Email: _____ Fax: _____

DAY PROGRAM:

Agency/Program: _____ Address: _____ Postal Code: _____

Primary Contact: _____ Email: _____ Phone: _____

Fax: _____

COMMUNITY SERVICE WORKER:

Name: _____ Address: _____ Postal Code: _____

Phone: _____ Email: _____ Fax: _____

CASE MANAGER:

Name: _____ Address: _____ Postal Code: _____

Phone: _____ Email: _____ Fax: _____

List any Emergency Health Needs/ Safety Concerns (including High Risk Behaviours) below:
(If not enough space, attach additional information)

• _____

• _____

• _____

BACKGROUND INFORMATION (SPECIAL FACTORS TO CONSIDER IN THE PLANNING AND/OR INTERVENTION PROCESS):

Note: Please ensure you have emergency identification when attending any events at the Manitoba Developmental Centre. Manitoba Developmental Centre reserves the right to discontinue programs and services for operational requirements as necessary.

Signature of Community Living disABILITY Services/ Referrer or Registrant (whichever applies) _____ **Date** _____

PLEASE MAIL ORIGINAL REFERRAL AND CONSENT TO: _____ OR EMAIL SCANNED REFERRAL AND CONSENT TO: MDCOUTREACH@GOV.MB.CA
HEALTH INFORMATION SERVICES, MANITOBA DEVELOPMENTAL CENTRE
840 3RD STREET N.E.
PORTAGE LA PRAIRIE MB R1N 3C6

PROGRAMS/CLINICAL SERVICES AVAILABLE (Assessment, Consultation, Treatment)

Please note that existing medical history, diagnostic information and specialist's reports may be required.)

- AUDIOLOGY**
 - Hearing Assessment
 - Hearing Aid Introduction Classes
 - Aural Rehabilitation
 - Hearing Aid Maintenance In-Service for Care Providers
 - Hearing Impairment / Cognitive Classes
- DENTAL**
- DIETITIAN**
 - Nutrition Analysis
 - Special Diet Concerns/Conditions
 - Menu Evaluation
 - Meal Planning
 - Nutrition Counselling/Education
 - Weight Management
 - Nutrition Education Session (i.e. healthy meals, healthy snacks, proper hydration, meal preparation or other)
 - Bowel Concerns
 - Allergies/Intolerances
 - Picky Eater
 - Other _____
- OCCUPATIONAL THERAPY**
 - Environmental Assessment
(home, school, leisure and vocational)
 - Vocational / Leisure Assessment
 - Self-Care/Daily Living Skills Assessment
 - Sensory Processing
 - Equipment Prescription
 - Adaptive Equipment
 - Transfers / Lifting
 - Training
 - Assessment
 - Fine Motor Skills
 - Assistive Technology (ECU) / Communication Devices
 - Seating and Mobility
 - Manual Wheelchair Seating
 - Wheelchair Assessment for Complex Seating
 - Skin Breakdown / Pressure Sore Prevention/ Management
 - Positioning and Comfort
 - Power Mobility – Assessment and Drive Controls
 - Integration of Environmental Controls and Mobility
 - Fall Management (Prevention, Strategies, and Safety Equipment)
 - Sleep Surface Prescription
- MUSIC THERAPY SERVICES**
 - Sensory Stimulation / Integration Experiences
 - Means of Non-Verbal Communication
 - Unable to leave Unit / Social Isolation
 - Pain Management / Distraction
 - End-of-Life Care
 - Cognitive Skills
 - Self-Expression
 - Behaviour Challenges
 - Anxiety
 - Physical / Movement
 - Other: _____
- DYSPHAGIA ASSESSMENT**

(Feeding/Swallowing/Dysphagia within a natural setting i.e. residence, work placement, day program)

 - Choking/Gagging
 - Swallowing Difficulties
 - Texture Aversion
 - Suspected Aspiration/History
 - Weight Loss due to Dysphagia
 - History of Pneumonia
 - Food/Fluid Refusal
 - Feeding Skills
 - Length of Time for Eating/Feeding
 - Adapted Equipment
 - Exercises for strengthening Muscles of Mastication and Swallowing
 - Education Session (Dysphagia Orientation, Proper Oral Consumption Management, Everyone C.A.R.E.S.)
 - Other: _____
- SPEECH & COMMUNICATION THERAPY SERVICES**
 - Speech / Language / Communication / AAC (Augmentative and Alternative Communication) Assessment
 - Provide Reinforcement (Visual / Literary) to Support Comprehension and/or Expressive Language in a Variety of Settings.
 - Creation of Task Analysis for Activities (to promote independence)
 - Baseline Augmentative and Alternative Communication Assessment with recommendations.
 - No Tech / Low Tech Augmentative and Alternative Communication Systems (visual schedules / Picture Communication Symbols [PCS] / Communication Boards, etc.)
 - Stuttering
 - Relationship / Rapport Building (informal / breaching personal space for purposes of intervention / trust building)
 - Creation of Social Stories
 - Introduction and Access to MDC's Communication Services' Adapted Library
 - Other: _____
- TRON PROGRAMS (THERAPEUTIC RECREATION OUTREACH NETWORK)**
 - Sensory Integration/Stimulation
 - Physical Activity/Movement
 - Creative Challenges through Activities
 - Therapeutic Relaxation Techniques
 - Social Interaction / Integration
 - Community Integration
 - Cognitive Stimulation Techniques (i.e. Storytelling, Music, etc.)
 - Special Events

