Rehabilitation Centre for Children

Out Patient Clinics
Rehabilitation Centre for Children
1155 Notre Dame Ave.
Winnipeg, MB R3E 3G1
PH: (204) 258 6564 / (204) 258 6565 Fax: (204) 474-2387

RCC Clinic Intake Form

1. Demographics

Full Name:	DOB (mm/dd/yy):
MHSC/PHIN:	Primary Language spoken at home:
Address:	
Caregiver's Name:	Caregiver's Phone Number:

2. Diagnosis:

☐ Cerebral Palsy ☐ Suspected/High risk Cerebral Palsy ☐ Brain Injury ☐ Limb Difference	☐ Neuromuscular Disorder _____ ☐ Spina Bifida ☐ Other _____

3. Reason for referral:

Feeding: ☐ Enteral feeding ☐ Aspiration/ Safety concerns ☐ Delayed oromotor skills ☐ Malnutrition (growth chart and 3-day food record required with referral)	Musculoskeletal: ☐ Spasticity/Dystonia with need for medical management assessment ☐ Contractures
Equipment: ☐ Prosthetics/ Orthotics assessment ☐ Assistive Technology (seating, mobility) assessment	Hip surveillance: ☐ Cerebral Palsy/ Suspected Cerebral Palsy ☐ Genetic, chromosomal or metabolic condition associated with abnormal muscle tone ☐ Acquired brain injury ☐ Non-ambulatory after the age of 2
Specific Clinic: ☐ Neuromuscular Clinic ☐ Spina Bifida Clinic ☐ Limb Difference Clinic	

4. Further History:

Referring Practitioner Name & Designation: _____
Phone & Fax Numbers: _____ Signature:
Date of Referral: _____

For Intake Office Use Only		
Date Received	**Clinic(s) client will be seen in** ☐ **Referral forwarded to CTNM for o AUD/ o OT/ o PT/ o SLP**	**Wait Times**