# Physician Referral to KidsAbility
# Autism Spectrum Disorder (ASD) Assessment Team

***Please complete this referral form with the family.**

**Date of Referral:** _____ **Date Last Seen:** _____

**Referring Physician:** Dr. _____ **Address:** _____

**Email:** _____ **Phone:** _____ **Fax:** _____

**OHIP Billing Number:** _____ **Physician Signature:** _____

---

**Child's First & Last Name:** _____ **Gender:** _____ **Pronouns:** _____

**Address:** _____ **City:** _____ **Postal Code:** _____

**Date of Birth*:** _____ **Health Card Number:** _____ **Version Code:** _____

***Please Note: Due to wait time for assessment, we are unable to accept referrals for clients over the age of 16 yrs, 6 mos.**

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**Parent/Legal Guardian Name:** _____ **Relationship:** _____

**Email*:** _____ **Phone:** _____

**Address (if different from child):** _____

**Parent/Legal Guardian Name:** _____ **Relationship:** _____

**Email*:** _____ **Phone:** _____

**Address (if different from child):** _____

**Does the family require an interpreter?** ❒ No ❒ Yes – what language? _____

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**Areas of Concern:**

❒ receptive language
❒ expressive language
❒ social language
❒ social interaction
❒ sensory behaviours
❒ repetitive or ritual behaviour(s)

**Reason for Referral:**

_____
_____
_____
_____
_____
_____

**Please attach consultation notes, recent test results, or any other relevant documentation.**

❒ Parent/legal guardian gives consent to this referral AND has an understanding of Autism Spectrum Disorder

❒ *Parent/legal guardian give consent for use of email to receive information about referral, and/or to schedule appointments. Email will only be used if Parent/Guardian can't be reached for the initial contact. Consent can be withdrawn at any time. Further consent for other types of communication, will be obtained at a later date.

Please fax completed referral form to **KidsAbility, Attention Client Records** at 519-886-7292
If you have questions, please contact Jennifer Tang, CSA at 519-886-8886 ext. 1373

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**Phone** 519-886-8886 | **Toll-Free** 1-888-372-2259 | **Web** kidsability.ca