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

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.**

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? _____

Areas of Concern:

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

Reason for Referral:

_____
_____
_____
_____
_____
_____

Hearing has been tested? ❒ Yes ❒ No Vision has been tested? ❒ Yes ❒ No

❒ Has this child been referred anywhere else for an ASD Assessment? If yes, where? _____

❒ Parent/legal guardian gives consent for this referral AND understands this assessment is to determine if their child meets the DSM-5 criteria for a diagnosis of Autism Spectrum Disorder (ASD) only.

❒ *Parent/legal guardian give consent for use of email to receive information about referral, and/or to schedule appointments.

Please attach consultation notes, recent test results, or any other relevant documentation.
Please fax completed referral form to **KidsAbility, Attention Client Records** at 519-886-7292

Waterloo
500 Hallmark Drive
Waterloo, ON N2K 3P5

Kitchener
4273 King St. E. Unit B.
Kitchener, ON N9P 2E9

Cambridge
887 Langs Drive
Cambridge, ON N3H 5K4

Guelph
503 Imperial Rd. N Unit 7
Guelph, ON N1H 6T9

Fergus
160 St. David St. S. Unit 102
Fergus, ON N1M 2L3

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