



Assistive Technology PRODUCTS AND SERVICES

Health Sciences Centre (HSC)
MH036 - 59 Pearl Street
Winnipeg, MB R3E 3L7
Tel. 204-787-2370
Fax 204-787-5099

Referral Form

Date:

Grid for date entry: D D M M M Y Y Y Y

Referral Received:

Grid for referral received date: D D M M M Y Y Y Y

W/O #: _____

By: _____

Client Last Name: _____ First Name: _____

Personal Health Identification Number (PHIN): _____ Date of Birth: _____
D D M M M Y Y Y Y

Address: _____ City/Town: _____

Postal Code: _____ Email: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Diagnosis: _____

Alternate Contact: _____ Phone: _____

Referred by/Affiliation: _____ Signature: _____

Email: _____ Telephone: _____ Fax: _____

For Appointments contact (choose one): Client directly Alternate contact Referred by/Affiliation

CLIENT BILLING INFORMATION (material cost or labour charges may apply)

Self-Funded Other (please specify below)

Attention: _____

Address: _____ City/Town: _____

Postal Code: _____ Telephone: _____ Fax: _____

Claim #: _____ EIA #: _____ P.O. #: _____

SERVICES REQUIRED (Please check all areas that apply)

Please Note: Referring therapist is typically required to be present for initial assessments.

Automotive Technology Access Electronics Mechanical Wheelchair Controls

Urgent: Required for Discharge Estimated Discharge Date: _____
D D M M M Y Y Y Y

Description of Services Required (please attach any relevant reports):

Four horizontal lines for describing services required.

Routing Instructions

1. Fax completed form to the Health Sciences Centre Assistive Technology at 204-787-5099.
2. File completed form in the client's health record