



Re-Referral Consult Form

SSS Intake inquiries can be directed to Jennifer Birt, Intake Coordinator at 204-787-4266, or jlbirt@hsc.mb.ca. Please fax completed form to **204-787-1101**

Please ensure the following criteria have been met to qualify for a re-assessment:

- Request for re-referral is within one year of discharge from SSS** Yes No
Client and therapist are aware that SSS operates consultatively Yes No
Referring therapist has management support for involvement with SSS Yes No
Client and therapist aware that re-referral is for a single appointment only Yes No

CLIENT INFORMATION			
Client Name:	Date of Birth (day/month/year)	Phone Number:	MHSC Number:
Address:	Postal Code:	Client Weight: Stable? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHIN Number:
Primary Contact Person: Name: Relationship: Phone: Fax: Email:	Referring Therapist Name: Regional Health Authority: Address: Phone: Fax: Email:	Physician: Name: Address: Phone: Fax: Email:	Date of SSS Discharge: Name of SSS Therapist:
CURRENT SEATING & MOBILITY EQUIPMENT			
Mobility Base	Cushion	Backrest	Accessories

Where would you prefer for your client to be assessed:
 In Winnipeg at the Specialized Seating Services Via Rural Telehealth Link*

*Both client and primary therapist remain in rural location and SSS therapist connects remotely in Winnipeg if this option is selected

Reason(s) for re-referral	
	Please list any issues identified by the client, therapist, and/or caregivers to be addressed through re-referral to SSS
1.	
2.	
3.	

REFERRING THERAPIST'S NAME (please print): _____

REFERRING THERAPIST'S SIGNATURE (required): _____