# Assistive Technology

PRODUCTS AND SERVICES

REFERRAL FORM

Fax: 1-204-787-5099

*Deer Lodge Centre*
2109 Portage Ave.
Winnipeg, MB R3J 0L3
Ph: 831-2526

*HSC Rehab Engineering*
59 Pearl Street
Winnipeg, MB R3E 3L7
Ph: 787-2202

Date: _____ / _____ / _____
dd mmm yyyy

**Referral Rec'd:** ___ / _____ / _____ **by** _____
FOR OFFICE USE ONLY dd mmm yyyy

W/O #: _____

## CLIENT:

Last Name: _____ First Name: _____

MHSC: _____ PHIN: _____ Date of Birth: _____ / _____ / _____
dd mmm yyyy

Address: _____ City/Town: _____

Postal Code: _____ E-mail: _____

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

Diagnosis: _____

Alternate Contact: _____ Telephone: _____

Referred by: _____ Affiliation: _____

E-mail: _____ Telephone: _____ Signature: _____

## BILLING INFO: _____ Attention: _____

Address: _____

City/Town:_____ Postal Code: _____ Telephone: _____

Claim #: _____ Ref. #:_____ P.O.#: _____

## SERVICES REQUIRED: Please check all areas that apply.

☐ Automotive (HSC, 787-2370) ☐ Computer Access (HSC, 787-1757) ☐ Electronics (HSC, 787-2367)
☐ Mechanical (HSC, 787-2370) ☐ Rental Program (ECU / AAC) (DLC, 831-2526)
☐ Wheelchair Controls (HSC, 787-1757) ☐ Augmentative/Alternative Communication (DLC, 831-2526)

**Reason(s) for referral:** ☐ Assessment / Intervention ☐ Manufacture ☐ Modify ☐ Repair

**Description of services required:** _____

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