Elkie Adler Wing – Kimel Family Building
BAYCREST HOSPITAL – 3560 BATHURST STREET
TORONTO, ONTARIO, M6A 2E1
T: (416) 784-3600 F: (416) 784-5600

ENVIRONMENTAL AIDS TO DAILY LIVING

REQUEST FOR CONSULTATION

Client Info				
Client Name:	Health Card Number:	D.O.B (dd/mm/yyyy):		GENDER:
Address: ____ ____	Telephone Number:		Email:	
	Diagnosis:			
Relevant Medical and Rehabilitation History:				

Please describe the technology needs to accomplish activities of daily living in the space below:

e.g. Control TV , using a telephone or cell phone, turn lights on/off, opening/closing door, alerting an attendant

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Referral Source		
Name of referring agent:	Name of clinic/agency:	
Address:		Telephone Number:
Signature:		Date:

FUNDING INFORMATION		**MVA** ☐ **WSIB** ☐ **Veterans Affairs** ☐ **Other** ☐
Then include relevant information:		**Claim #:**
Additional report(s) : **Yes** **No**		**Insurance Company:**
# of pages	____________	**Contact/Case manager:**
		Phone number:
Additional Information:		

Please fax your referral to (416) 784-5600