ATC Augmentative & Alternative Communication (AAC) Clinic
REFERRAL FORM

Please fax the completed form to 416-784-5600

PATIENT INFORMATION

Name of applicant: _____ ◯ M ◯ F
First name Last name Gender

Date of Birth: _____ Health Card Number: _____ Version: _____ Expiry Date: _____
(YYYY/MM/DD) (YYYY/MM/DD)

Address: _____ ON
Street Apt City Postal Code Province

Phone number: _____ E-mail address: _____
Home Mobile (Optional)

Primary language(s) (written and spoken): _____

PRIMARY CONTACT (if different from applicant)

Full name: _____ Relationship to applicant: _____

Phone number: _____ E-mail address: _____

TECHNOLOGY FACILITATOR (We require someone to commit to helping the patient setup technology)

Full name: _____ Relationship to applicant: _____

Phone number: _____ E-mail address: _____

MEDICAL INFORMATION

Primary Medical diagnosis,and date of onset, as well as any secondary medical diagnoses:

Assistive Technology Clinic
assistivetechnologyclinic.ca

Toronto Grace Health Centre
650 Church Street, Toronto, ON, M4Y 2G5
P: 416-784-3600 | F: 416-784-5600

ATC
Assistive Technology Clinic

REFERRAL SOURCE

Date of referral: _____
(YYYY/MM/DD)

Full name: _____ Relationship to applicant: _____

Address: _____ ON
Street Apt City Postal Code Province

Phone number: _____ Fax Number: _____

E-mail address: _____ Signature: _____

Physician Information: (*required*)

☐ Same as above

Physician name: _____

Address: _____ ON
Street Apt City Postal Code Province

Phone number: _____ Fax Number: _____

AAC GOALS

☐ Face-to-face communication (difficulty speaking or being understood)

☐ Written communication (adapted computer access for basic writing)

☐ Integrated (communication device to meet both face-to-to face and adapted computer access)

☐ Other: _____

Other information:

☐ Consult note included (recommended)

☐ Medication list (recommended)

⍰ Have AAC services been received in the past? ◯ No ◯ Yes (list location and when): _____

COMMUNICATION & WRITING STATUS (*check all that apply*)

☐ Functional verbal communication – fully intelligible or early speech changes

☐ Impaired verbal communication – significant difficulty getting messages out or being understood by others

☐ Non-verbal communication method(s): _____

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Describe applicant's cognition and comprehension:

Describe applicant's mobility and movements:

FUNDING SOURCES

- ☐ Ontario Disability Support Program (ODSP)
- ☐ Ontario Works Program (OWP)
- ☐ Veterans Affairs Canada (VAC) – Group A
- ☐ Workplace Safety & Insurance Board (WSIB)
- ☐ Private insurance (company): _____
- ☐ Other (specify): _____

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