



Community Living disABILITY Services

COMMUNITY THERAPY SERVICES INC.

Referral for Occupational Therapy and/or Physiotherapy

101-1555 St. James Street

Winnipeg, Manitoba R3H 1B5

Phone: (204) 949-0533 Fax: (204) 942-1428

Client Name: _____
PHIN: _____
Address: _____
City/Postal Code: _____
Phone #: _____
Date of Birth (dd/mmm/yyyy): _____
MFRN (MHSC): _____
Gender: _____ (or use client label)

Referral Date: _____ (dd/mmm/yyyy) CTS CHART #: _____

COMMUNITY LIVING disABILITY SERVICES (CLdS)- AUTHORIZATION FOR SERVICES

Community Service Worker (CSW) _____ Office _____ Phone _____ Fax _____

Centralized Finance Authorized CTS Referral (required prior to CTS Visit):

Substitute Decision Maker (if applicable) Name _____ Phone _____ Relationship to Client _____

Contact Person to Schedule Assessment Name _____ Phone _____ Relationship to Client _____

CLIENT INFORMATION

Last Name _____ First Name _____ Date of birth _____ Gender _____

Phone _____ PHIN _____ MHSC _____

Preferred Location of Visit: Residence Day Program Other _____

Address _____

Name of Agency for Home/Day Program (if applicable) _____

Type of Residence: Shift Staffed Home Family Residence Home Share Other _____

THIRD PARTY FUNDING INFORMATION (IF APPLICABLE)

Public Guardian & Trustee Name _____ Phone _____ Fax _____ PGT# _____

EIA # _____ FNIHB # _____ Other _____

Physician Name _____ Address _____

CLIENT HEALTH INFORMATION

Diagnosis 1) _____ 2) _____

Other conditions pertinent to therapy:

If client recently hospitalized, provide reason _____ Date of Discharge _____ (dd/mmm/yyyy)

SERVICES REQUESTED (Check all that apply)

- ACTIVITIES OF DAILY LIVING (ADL)
- ASSIST WITH COMPLEX HOSPITAL DISCHARGE
- FOLLOW-UP POST HOSPITAL DISCHARGE
- COGNITIVE ASSESSMENT
- PASSIVE RANGE OF MOTION
- RESPIRATORY
- TRANSFERS ___ Toilet ___ Commode ___ Bed ___ Tub/Shower ___ Wheelchair ___ Chair ___ Mechanical Lift
- REPOSITIONING ___ Bed ___ Wheelchair ___ Commode ___ Other: _____
- MOBILITY ___ Bed ___ Wheelchair ___ Ambulation ___ Stairs ___ Falls Management
- SAFE CLIENT HANDLING** - to address staff and/or client safety during provision of assisted tasks
- INSTRUMENTAL ADL
- PRESSURE MANAGEMENT
- ENVIRONMENTAL
- PAIN MANAGEMENT
- EXERCISE PROGRAM
- OTHER
- SWALLOWING
- WHEELCHAIR/SEATING
- EQUIPMENT ASSESSMENT
- BRACES/ SPLINTS

COMMENTS:

CTS use only: DIAGNOSTIC CODES _____, _____ SERVICE CODES _____, _____, _____, _____, _____