Please print completed form and fax to 604-734-1363

Assistive Technology Service
G.F. Strong Rehab Centre
4255 Laurel Street
Vancouver, B.C. V5Z 2G9
Phone: 604-737-6263
Fax: 604-734-1363

Request for Community & GFS Outpatient Consultation

CLINICIAN INFORMATION

Name: _____ **Designation (eg. OT / SLP / PT):** _____

Address: _____ **Telephone/Local:** _____

_____ **Fax:** _____

_____ **Email:** _____

How and when is it easiest to contact you? _____

REQUEST TYPE

☐ **Alternate access (check all that apply)**

☐ **AAC device** ☐ **Mac** ☐ **PC** ☐ **Tablet** ☐ **Smart Phone**

☐ **Environmental control**

☐ **Augmentative and Alternative Communication (AAC)**

☐ **Device mounting**

CLIENT INFORMATION

Name: _____ **Telephone #:**_____ **Diagnosis:** _____

Address: _____ **Postal Code:** _____

Onset: _____ **DOB:** _____ **Physician:** _____

Funding Agency: ☐ **WCB** ☐ **ICBC** ☐ **CAYA** ☐ **Other:** _____

Personal Health Number: _____ **Gender:** _____ **Estimated Discharge Date:** _____

Outpatient of G.F. Strong? **Yes** ☐ **No** ☐ **If yes, program:** _____

Provide a brief description of your client's goals:

Describe your client's abilities relative to this request:

Signature: _____ **Date:** _____

For Office Use Only:

Date Received:	PIC:	Entered in Database ☐	Receipt Acknowledged (Community referrals) ☐