

## PHYSICIAN REFERRAL FORM

### REQUESTING FOR THERAPIST TO EVALUATE AND TREAT IF RECOMMENDED

\_\_\_\_ SPEECH & LANGUAGE / FEEDING THERAPY \_\_\_\_ DAYTIME \_\_\_\_ EVENING \_\_\_\_ WEEKEND

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRIMARY LANGUAGE: \_\_\_\_ ENGLISH \_\_\_\_ OTHER \_\_\_\_\_

CAREGIVER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

MAIN PHONE: \_\_\_\_\_ ALT PHONE \_\_\_\_\_

\*HAS PATIENT RECEIVED THERAPY SERVICES PRIOR TO THIS REFERRAL? \_\_\_\_ Y \_\_\_\_ N

PHYSICIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

*(PRIMARY CARE PHYSICIAN WILL BE NOTIFIED OF EVALUATION RESULTS UPON REQUEST)*

PHYSICIAN SIGNATURE / INITIALS

DATE

**TO AVOID DELAYS IN THERAPY, PLEASE COMPLETE AND SUBMIT TO TWO CAN TALK AS SOON AS POSSIBLE, THANK YOU! [WWW.TWOCANTALK.CA](http://WWW.TWOCANTALK.CA)**

#### DIAGNOSIS (CHECK ALL KNOWN):

\_\_\_\_ G-TUBE \_\_\_\_ TRACH \_\_\_\_ DYSPHAGIA \_\_\_\_ CVA \_\_\_\_ ABI \_\_\_\_ RESPIRATORY DISTRESS \_\_\_\_ FOOD ALLERGIES  
\_\_\_\_ GASTROINTESTINAL PROBLEMS \_\_\_\_ PREMATURE BIRTH \_\_\_\_ DEVELOPMENTAL DELAY \_\_\_\_ SEIZURES  
\_\_\_\_ RECEPTIVE LANG DEFICITS \_\_\_\_ EXPRESSIVE LANG DELAY \_\_\_\_ ARTICULATION DELAYS \_\_\_\_ ADD/ADHD  
\_\_\_\_ NEUROLOGICAL DEFICITS \_\_\_\_ DOWN SYNDROME \_\_\_\_ STUTTERING \_\_\_\_ AUTISM \_\_\_\_ VISUALLY IMPAIRED  
\_\_\_\_ HEARING IMPAIRED \_\_\_\_ OTHER \_\_\_\_\_

## **TWO CAN TALK REFERRAL PROCESS**

1. THERAPY NEED IS IDENTIFIED BY CAREGIVER OR PHYSICIAN.
2. PHYSICIAN'S OFFICE WILL SUBMIT REFERRAL FORM TO TWO CAN TALK.
3. OFFICE STAFF WILL CONTACT REFERRAL SOURCE TO CONFIRM RECEIPT OF REFERRAL WITHIN 24 HOURS.
4. TWO CAN TALK WILL CONTACT FAMILY TO INITIATE INTAKE PROCESS WITHIN 24 HOURS OF RECEIVING REFERRAL.
5. THERAPIST WILL EVALUATE PATIENT AND COMPLETE A REPORT WITH RECOMMENDATIONS FOR THERAPY SERVICES.
6. PLAN OF CARE WILL THEN BE SENT TO PHYSICIANS OFFICE (UPON REQUEST)

NOTE: TREATMENT MAY BEGIN ONCE INTAKE PACKAGE IS COMPLETED BY CLIENT/CAREGIVER AND WHEN AUTHORIZATION IS RECEIVED FROM PAYER SOURCE

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT OUR OFFICE: 647-459-4147

[www.twocantalk.ca](http://www.twocantalk.ca)