RESPITE INQUIRY & REFERRAL FORM

BASIC INFORMATION						
CHILD'S NAME						
DATE OF BIRTH (D/M/YR)			***GENDER***	☐Male ☐Female		
PRIMARY DIAGNOSIS						
REFERRAL SOURCE	☐ Parent/Guardian ☐ Other	Name:				
		Phone:				
LANGUAGE(S)	*Spoken*		*Understood*			
INTERPRETOR REQUIRED:	☐ Yes ☐ No	*Interpreter Name*				
		Interpreter Phone				
ADDRESS:						
MOTHER	*Name*		*Phone*		*Email*	
FATHER	*Name*		*Phone*		*Email*	
GUARDIAN (if different)	*Name*		*Phone*		*Email*	

CHILD'S CARE NEEDS	
Cognition:	☐ Normal ☐ Delayed ☐ Mild ☐ Moderate ☐ Severe
Mobility:	☐ Immobile ☐ Walks independently ☐ Walks with assistance
Aids / Adaptation:	☐ Manual Wheelchair ☐ Power Wheelchair ☐ Stroller ☐ Walker ☐ Other (detail below)
Nutrition / Digestion:	☐ Orally Fed ☐ Nasogastric (NG) Tube ☐ Gastronomy (G) Tube ☐ Difficulty swallowing ☐ Difficulty chewing ☐History of aspiration ☐ Other (detail below)
Seizures:	☐ Yes ☐ No ☐ Controlled ☐ Uncontrolled
Communication:	☐ Verbal ☐ Non-verbal ☐ Uses sign language / aids ☐ Limited ability

Created: January 29, 2014

1173 Bloor Street West, Toronto, Ontario, M6H 1M9
Telephone: 416.535.8525 Facsimile: 416.535.9782 www.safehaven.to

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Vision:	☐ Adequate ☐ Impaired ☐ Blind
Hearing:	☐ Adequate ☐ Impaired ☐ Deaf
Behaviors:	☐Biting ☐Hitting ☐ Spitting ☐Self-injurious ☐Yelling ☐Crying ☐ Other (detail below)
Additional Needs	☐ Suctioning ☐ Oxygen ☐ Ventilator ☐ CPAP/BIPAP ☐ Tracheotomy ☐ Intravenous Therapy ☐ Central Venous Line ☐ Diabetes ☐ Catheterization (indwelling) ☐ Catheterization (intermittent) ☐ Other (detail below)
Please provide or attach any additional information to support this referral/request:	

Thank you for taking the time to complete this form.
You will receive a telephone call from Safehaven within five (5) business days.
If you have not heard from us within this time please call 416-535-8525 ext.229.

INTERNAL USE ONLY

Date Referee Contacted		***Name of Employee***			
Comments / Other Information					
Assessment Visit Scheduled	□ ***Yes***	***Date:***		***Location:***	
	□ ***No (Comment Below)***				

Employee Signature: _____ Date: _____

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