

Date of Referral: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

Birthdate: (day/ month/ year): \_\_\_\_\_ Gender: \_\_\_\_\_ PHN: \_\_\_\_\_

Child is a recent refugee? ☐ Yes ☐ No

Do they have an Interim Federal Health Certificate of Eligibility? ☐ Yes (Please send a copy) ☐ No

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Foster Family \_\_\_\_\_

Legal Guardian Name(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Legal Guardian Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_ Language: \_\_\_\_\_ Interpreter required? ☐ Yes ☐ No

**Infant's current and/or working diagnosis:**

Gestational Age (Mandatory Field): \_\_\_\_\_ weeks + \_\_\_\_\_ days

Birth Weight: \_\_\_\_\_ ☐ AGA ☐ SGA ☐ LGA

**PLEASE ATTACH A COPY OF**

1. ALL PERTINENT CONSULTS, REPORTS AND MEDICAL INVESTIGATIONS (i.e.: EEG, Labs – Metabolic, Genetics)
2. ALL GENERAL MOVEMENT ASSESSMENT (GMA) RESULTS ☐ Yes ☐ Available on Cerner/E-Chart
3. ALL NEONATAL FOLLOW-UP CLINIC REPORTS ☐ Yes ☐ N/A ☐ Available on Cerner/E-Chart
4. DISCHARGE SUMMARY FROM NICU ☐ Yes ☐ N/A ☐ Available on Cerner/E-Chart
5. BRAIN IMAGING RESULTS (US/MRI) ☐ Yes ☐ Not Done ☐ Available on Cerner/E-Chart

Comment for reports / results:

REFERRING PHYSICIAN: (Print Name) \_\_\_\_\_

Department / Clinic Name: \_\_\_\_\_ PHYSICIAN SIGNATURE: \_\_\_\_\_

Address: \_\_\_\_\_ (city) \_\_\_\_\_ (postal code) \_\_\_\_\_

Office telephone (\_\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_\_) \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

**Cerebral Palsy Early Diagnosis Clinic Intake Criteria (Patient must meet ALL three criteria below)**

1. ☐ Patient is younger than 1 year old, **AND**
2. ☐ Patient has an abnormal General Movement Assessment (GMA) result, **AND**
3. ☐ Patient demonstrates at least one of the risk factors in Table 1 OR Table 2 (check all that apply)

Table 1.

Accepted Clinical / Developmental Risk Factors for CP

	Child demonstrates a hand preference before 12mo of age
	Child is not able to sit without support beyond 9mo of age
	Child demonstrates stiffness or tightness in the legs
	Child keeps their hands fisted (closed/clenched) after the age of 4mo
	Child demonstrates a persistent head lag beyond 4mo of age
	Child demonstrates consistent asymmetry of posture and movement after the age of 4mo
	Child demonstrates persistent primitive reflexes, including: startle (Moro) reflex beyond 6mo of age, or "Fencer" (ATNR) beyond 4mo of age
	Child demonstrates consistent toe-walking or asymmetric-walking beyond 12mo of age

Table 2.

Accepted Medical Risk Factors for CP

	Prematurity - < 32 weeks
	Very Low birth weight - <1500 g
	Cystic Periventricular Leukomalacia (PVL)
	Intraventricular Hemorrhage (IVH) Grade III-IV
	Moderate to severe neonatal Encephalopathy (including, but not restricted to: HIE, infectious encephalopathy)
	Neonatal meningitis
	Congenital CNS defects
	Severe traumatic brain injury requiring hospitalization or rehab, or any history of hospitalization due to encephalitis or bacterial meningitis, before the age of two years
	Postnatal meningitis
	Genetic abnormality associated with CP
	Placental abruption
	Apgar <7 at age 5 minutes
	History of stroke