



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