



## integrative care clinic

## provider & self referral form

Personal Information			
first name:	last name:	phone:	sex (at birth):
address:	AHC:	date of birth:	gender:
city:	postal code:	email:	emergency contact:
			emerg. contact phone:

Provider Information			
first name:	last name:	title:	prac ID/reg #:
clinic address:	clinic name:	office phone:	connect care ID:
city:	postal code:	signature:	fax:
			report to be shared via: <input type="checkbox"/> nn care

provider stamp
clinical information

<input type="checkbox"/> lactation counselling (RNB, IBCLC)
<input type="checkbox"/> breastfeeding initiation
<input type="checkbox"/> breastfeeding support
<input type="checkbox"/> colostrum collection
<input type="checkbox"/> latching difficulties
<input type="checkbox"/> nipple pain
<input type="checkbox"/> tongue-tie & recovery
<input type="checkbox"/> oversupply & engorgement
<input type="checkbox"/> low milk supply
<input type="checkbox"/> poor weight gain (newborn/infant)
<input type="checkbox"/> supplementation/bottle feeding
<input type="checkbox"/> reflux/fussy baby
<input type="checkbox"/> mastitis
<input type="checkbox"/> breastfeeding cessation
<input type="checkbox"/>

<input type="checkbox"/> speech pathology (SPL)
<input type="checkbox"/> receptive & expressive language delay
<input type="checkbox"/> fluency (stuttering)
<input type="checkbox"/> eating & swallowing
<input type="checkbox"/> assessments
<input type="checkbox"/> caregiver & family support
<input type="checkbox"/> education/learning assessment
<input type="checkbox"/> developmental delay
<input type="checkbox"/> autism spectrum disorder
<input type="checkbox"/> down syndrome
<input type="checkbox"/> speech sounds (articulation/phonology)
<input type="checkbox"/> social skills
<input type="checkbox"/> pre-literacy & literacy skills
<input type="checkbox"/> behaviour
<input type="checkbox"/> childhood apraxia of speech

<input type="checkbox"/> acupuncture (RAC)
<input type="checkbox"/> nausea & vomiting
<input type="checkbox"/> morning sickness
<input type="checkbox"/> constipation
<input type="checkbox"/> TMJ & neck pain
<input type="checkbox"/> infant & adult reflux
<input type="checkbox"/> anxiety & stress
<input type="checkbox"/> headaches & migraines
<input type="checkbox"/> jaw pain
<input type="checkbox"/> insomnia
<input type="checkbox"/> depression
<input type="checkbox"/> inflammation
<input type="checkbox"/> fertility
<input type="checkbox"/> regulating menstrual cycle
<input type="checkbox"/> labour preparation
<input type="checkbox"/> labour induction

<input type="checkbox"/> massage therapy (RMT)
<input type="checkbox"/> anxiety & stress
<input type="checkbox"/> deep tissue massage
<input type="checkbox"/> trigger point therapy
<input type="checkbox"/> acute injury treatment
<input type="checkbox"/> therapeutic stretching
<input type="checkbox"/> relaxation
<input type="checkbox"/> myofascial release & scar repair
<input type="checkbox"/> fascial cupping
<input type="checkbox"/> pregnancy aches & pains
<input type="checkbox"/> labour preparation & reflexology
<input type="checkbox"/> chronic illness
infant & child massage:
<input type="checkbox"/> birth trauma, torticollis
<input type="checkbox"/> colic, gassiness & constipation

<input type="checkbox"/> therapy & counselling (RSW)
<input type="checkbox"/> anxiety
<input type="checkbox"/> depression
<input type="checkbox"/> group support
<input type="checkbox"/> transitioning into parenthood
<input type="checkbox"/> blending a family
<input type="checkbox"/> family & couples therapy
<input type="checkbox"/> perinatal counselling
<input type="checkbox"/> postpartum counselling
<input type="checkbox"/> processing birth & birth trauma
<input type="checkbox"/> trauma/post-traumatic stress
<input type="checkbox"/> loss & grief
<input type="checkbox"/> domestic violence
<input type="checkbox"/> infertility
<input type="checkbox"/> substance use

<input type="checkbox"/> chiropractor (DC)
<input type="checkbox"/> aches/pains in pregnancy
<input type="checkbox"/> back & hip pain
<input type="checkbox"/> inflammation
<input type="checkbox"/> injury
<input type="checkbox"/> headaches & migraines
<input type="checkbox"/> chronic pain
<input type="checkbox"/> orthotics
<input type="checkbox"/> rehabilitation
infant & child chiropractic care:
<input type="checkbox"/> infant & adult reflux
<input type="checkbox"/> infant colic & fussiness & gas
<input type="checkbox"/> bed-wetting
<input type="checkbox"/> infant head shape (plagiocephaly)
<input type="checkbox"/> tight neck muscles (torticollis)
<input type="checkbox"/> latching/newborn feeding issues

<input type="checkbox"/> occupational therapy (OT)
<input type="checkbox"/> motor skills
<input type="checkbox"/> sensory processing disorders
<input type="checkbox"/> injury
<input type="checkbox"/> amputation
<input type="checkbox"/> birth injury
<input type="checkbox"/> anomalies noted at birth
<input type="checkbox"/> autism
<input type="checkbox"/> learning challenges & assessment
<input type="checkbox"/> developmental delays
<input type="checkbox"/> assessments
<input type="checkbox"/> caregiver/family support
<input type="checkbox"/> recovery & rehabilitation
<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/> music & art therapy
<input type="checkbox"/> reduce anxiety & stress
<input type="checkbox"/> elevate mood
<input type="checkbox"/> socialization
<input type="checkbox"/> exploring emotions
<input type="checkbox"/> developmental delay
<input type="checkbox"/> emotional regulation
<input type="checkbox"/> emotional resilience
<input type="checkbox"/> improve self-esteem
<input type="checkbox"/> self-awareness
<input type="checkbox"/> motor skills and coordination
<input type="checkbox"/> parent & child communication
<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/> dietitian (RD)
<input type="checkbox"/> anemia
<input type="checkbox"/> celiac disease
<input type="checkbox"/> digestion issues & irritable bowel
<input type="checkbox"/> healthy eating habits
<input type="checkbox"/> allergies & sensitivities
<input type="checkbox"/> malnutrition
<input type="checkbox"/> Crohn's disease & colitis
<input type="checkbox"/> weight loss/weight management
<input type="checkbox"/> meal planning
<input type="checkbox"/> healthy eating in pregnancy
<input type="checkbox"/> gestational diabetes
<input type="checkbox"/> morning sickness
<input type="checkbox"/> infant & adult reflux
<input type="checkbox"/> toddler & child food aversion
<input type="checkbox"/> poor weight gain

<input type="checkbox"/> physiotherapy (PT)
<input type="checkbox"/> pelvic floor physio
<input type="checkbox"/> symphysis-pubis discomfort
<input type="checkbox"/> leaking urine (incontinence)
<input type="checkbox"/> painful intercourse
<input type="checkbox"/> labour & pushing preparation
<input type="checkbox"/> postpartum recovery
<input type="checkbox"/> prolapse of bladder
<input type="checkbox"/> tailbone pain/injury
<input type="checkbox"/> pain
<input type="checkbox"/> vertigo/dizziness
<input type="checkbox"/> rehabilitation
<input type="checkbox"/> hypermobility
<input type="checkbox"/> hip dysplasia (infant & adult)
<input type="checkbox"/> breast pain & mastitis

<input type="checkbox"/> exercise specialist (CSEP-CPT)
<input type="checkbox"/> fitness assessment
<input type="checkbox"/> goal setting
<input type="checkbox"/> program design
<input type="checkbox"/> personal & group training
<input type="checkbox"/> fitness coaching
<input type="checkbox"/>
low-risk pregnancy care
<input type="checkbox"/> low-risk pregnancy intake
<input type="checkbox"/> prenatal & antenatal care
<input type="checkbox"/> birth support
<input type="checkbox"/> postpartum care
<input type="checkbox"/> group prenatal sessions
<input type="checkbox"/> child birth education
<input type="checkbox"/> preparing for baby - for partners