Alberta Health Services | Alberta Children's Hospital

Clear Form

NDD Care Coordination Project

Please Fax Completed Form to: 403-668-2150

REFERRAL FOR NEURODEVELOPMENTAL DISORDERS (NDD) CARE COORDINATION PROJECT

Date (m/d/yy): _____

Patient Information		Referring Source		Referral Date:
Name:		Name:		
Date of Birth (m/d/yy):		Profession:		
Personal Care #:		Phone:		
Phone:		Fax:		

Is the Community Pediatrician or Family Physician aware of and supportive of this referral? ☐ **Yes** ☐ **No**

INCLUSION CRITERIA: INTAKE NOTES

Who to refer for Care Coordination? Patients who have been diagnosed with ASD/ADHD or other NDD and have a medical issue treated through ACH, child and adolescent mental health or other specialized pediatric service.

Care Coordination targets patients who are high users of services – e.g., frequent specialty clinic visits, recurring ED visits and/or hospitalizations. Also consider patients with multiple, unmet needs that span health, education and social issues. (see Complexity Factors below)

Health Condition: Diagnoses / Symptoms

Medical/Subspecialty Clinic	Developmental/NDD	Mental Health
Diagnosis/Clinic/When: Current provider:	**ASD** ☐ **ADHD** ☐ **Intellectual Disability** ☐ **Other NDD** Details about NDD Diagnoses: (where/who, when, etc)	**Severe anxiety** ☐ **Depression** ☐ **Severe irritability /agitation** ☐ **Other:**
Connected to a Primary Care Physician or Community Pediatrician? ☐ Yes ☐ No Provider: _____		**Other Diagnoses:**

School / Community Supports

FSCD Supports?
☐ Yes ☐ No
Concerns:

Specialized School Supports?
☐ Yes ☐ No
Concerns:

Community or In-Home Supports (e.g., speech, OT etc.)?
☐ Yes ☐ No
Concerns:

Complexity Factors

Multiple ED visits: *> 2 in past 6 months* ☐

Hospitalizations: *> 1-2 in past 6 months* ☐

Impairments in daily functioning ☐
E.g., Due to unmanaged symptoms, challenging behaviours, complex health issues, impairments in social skills etc.

Severe mental health issues and/or behavioural needs
Restricted participation in school/preschool/daycare ☐
E.g., Frequent missed days of school/daycare, issues related to school placement or classroom functioning

Issues related to family functioning ☐
E.g., High family stress, parental mental health issues, substance misuse, domestic violence

Is Children's Services involved? ☐ Yes ☐ No If Yes, name of worker:	Parent/guardian is **aware of and agrees** to this referral ☐ Yes ☐ No If the parent is not aware yet, please let them know as soon as possible.

Clinical Perception: It is important that you complete this section as this information will be used by the care coordination team for triage and to initiate the patient/family intake assessment process. Thank you!

Why do you feel this patient/family would benefit from care coordination? What do you see as the primary need for care coordination?

Based on the need identified above, how could we evaluate the success of care coordination? What would you consider to be a marker of success (in this care or more broadly)?

Psychosocial Circumstances

What impact has the family's psychosocial circumstances had on your decision to refer this child?

☐ No Impact ☐ Some Impact ☐ Moderate impact ☐ High Impact

Identified circumstance:

☐ Parental Mental Health ☐ Cultural Isolation

☐ Low Socioeconomic Status ☐ English Language Learner

If ELL, is an interpreter required? ☐ No ☐ Yes – Language:

If Yes – Language:

Other:

Continuous Quality Improvement Please help us continuously improve by providing feedback on the following project questions. Thank you!

Referral Form Feedback

We would appreciate any feedback you might have about how we can improve this form:

Project Awareness

Please let us know how you became aware of the NDD Care Coordination project:

☐ Poster or postcard	☐ Project update or presentation	☐ Colleague or word of mouth
☐ Project website	☐ Patient/Family	☐ Other:_____

Internal Use Only:

DECISION: Recommend acceptance into care coordination?

☐ YES ☐ NO ☐ MORE INFORMATION NEEDED

☐ ACCEPT INTO CONSULTATION PILOT

Notes:

If you have any questions, please contact:

Care Coordinators

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