

## Consultative Clinic in Developmental Pediatrics

### Clinic Summary

This clinic sees children ages 0 – 17 years (at the time of referral), with complex medical needs that require consultation for specific diagnostic questions and/or medical management of developmental disorders. Consultation may be limited to Developmental Pediatrics or may involve other allied health professionals. Multidisciplinary colleagues may be included in the consultation when the expertise is not available in the child's primary ACH clinic and/or school team. The goal is for the CDS consultant(s) to join the "home team" or primary community pediatric clinic regarding a developmental question and/or to provide medical opinion regarding diagnosis or management. The purpose is not to assume primary care or treatment.

Dependent on the presenting need, a phone consultation with the referring physician or an in-person appointment may be arranged. Accepted referrals do not guarantee a face to face appointment.

### Referrals are accepted from:

Community Pediatricians

ACH Subspecialists

Referrals from Family Physicians in rural Primary Care Networks/practices will be taken under consideration

### Inclusion Criteria:

1. Exceptional/atypical presentation requiring the expertise of a Developmental Pediatrician, including management of developmental disorders in patients with complex medical conditions.
2. Ongoing involvement with an ACH tertiary clinic or community pediatric clinic.

### Exclusion criteria:

1. Children with known syndromes or medical conditions following a usual or anticipated developmental trajectory.
2. Referrals for the primary purpose of providing 1:1 discussions with parents regarding the developmental trajectory of their child's syndrome or medical condition.
3. Referral for diagnosis of isolated ADHD or learning disability.
4. Referral for diagnosis of Autism Spectrum Disorder (should be referred to ASD stream).
5. Primary mental health issue (should be directed to Access Mental Health).
6. A specific request for an allied health assessment (Psychology, Speech Language Pathology, Occupational Therapy, Physiotherapy, Social Work, Education).
7. Request for treatment by allied health professionals.

**Are there any requirements that need to accompany the referral form?**

- Identify professionals currently involved with the child.
- Submit past multidisciplinary assessment reports.

**Urgent Criteria:**

Referral regarding **developmental regression** should be marked urgent. Referral should include past documentation or video of baseline skill against which regression can be demonstrated.

Initial DDR request will be followed up by a completed referral form. Relevant medical detail and past multidisciplinary assessments must be attached.