

School-Based Therapy OT/PT Referral Instructions

These instructions are for the online school-based therapy referral.

Prior to beginning the online referral, please insure you have the requested information available and forms ready to upload.

The referral form will not allow you to continue to the next page if you leave required fields blank.

You are able to start a referral, save your progress, and then return to it later. (Must use link provided in your email to return to the referral)

1. FORMS TO BE COMPLETED AND UPLOADED ARE THE FOLLOWING:

*There are THREE upload sections for supporting documents on the online referral, and one for consent at the end of the referral. No password is required if documents are uploaded to the referral.

*If you have more than 3 PDF files to upload, they can be sent to VPTIntake@vch.ca. If you email documents, **YOU MUST PASSWORD PROTECT THE DOCUMENTS DUE TO SECURITY AND PRIVACY PROTOCOLS. PLEASE CONTACT THE VPT AT 604-267-2606 FOR THE PASSWORD TO USE**

***Any incomplete submissions will be deleted automatically one month after start date.**

- VPT Consent form
 - Parent/Guardian to complete consent form and return to school **PRIOR** to inputting referral
 - Only complete one consent form if referring to both OT & PT at the same time
- IEP – if available (in PDF format)
- Relevant School Documents i.e. School based team meetings, PRIS form (in PDF format)
- Relevant Medical Reports (in PDF format)
- Samples of student's classwork (for OT referral) ***Please attach in PDF format, if this is currently a photo file i.e. JPG, PNG, please use an online converter, such as
- <https://www.adobe.com/ca/acrobat/online/jpg-to-pdf.html>

2. THE REFERRAL WILL REQUIRE THE FOLLOWING INFORMATION:

STUDENT INFORMATION

(* = required information)

1. Surname*
2. Given Name*
3. Birth date*
4. Indigenous Status*
5. Parent/Guardian Name*
6. Relationship to student*
7. Address*

STUDENT SCHOOL TEAM INFORMATION

1. Referrer Phone Number*
2. Ministry Designation or explanation if there is no designation*

OT TIER 3 Information

1. Referrer has spoken to School OT*
2. OT Areas of Concern* (why is the student being referred to OT, describe the concerns in detail in the fillable section)
3. Provide details/examples if answering yes to any of the questions listed within the OT section

PT Referral Information

1. Does the student use mobility equipment*
2. Do they have foot orthotics/splints*
3. PT Concerns (do they fall, have unexpected weakness, difficulty with stairs/uneven terrain, etc...)*
4. In comparison to their peers section*
5. Provide details/examples if answering yes to any of the questions listed within the PT section