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SCCR Consultation Request Requirements and Criteria for Referrals to the **Pediatric Neurodevelopmental Service**

The Stan Cassidy Centre for Rehabilitation's **Pediatric Neurodevelopmental Service** is a tertiary outpatient clinical team serving individuals 17 years of age and younger. We accept referrals for children/youth who are involved with local/regional medical, educational, and therapeutic services, and who have severe neurodevelopmental impairment and complex challenges pertaining to their development.

Following weekly review, referrals are triaged by SCCR Developmental Pediatricians to determine which patients will be assessed, urgency of referral question, whether additional resources may be required and if further information is needed. A letter outlining these points will be returned to the referral source.

• Involvement of the Pediatric Neurodevelopmental Disorder Service therapists will be determined following Developmental Pediatrics consultation.

REFERRAL REQUIREMENTS: A <u>letter of referral</u> must be written by a Pediatrician, Neurologist, Physiatrist or Psychiatrist, and must include:

- 1. Patient demographics including contact information
- 2. Diagnosis and supporting documentation regarding severity of developmental impairment
- 3. School, and information about local therapeutic team members involved
- 4. Specific reason for SCCR referral
- 5. Copies of relevant consultation or investigation reports (e.g. microarray)

Please note, we do not accept referrals for children/youth whose primary concerns are:

- Mental health or behavioural difficulties without significant developmental impairment
- Learning disorders that are not associated with intellectual developmental disorder.

Our intake/referral expectations include that referring physicians, pediatricians, family physicians and local therapeutic and educational teams play an active role in the treatment of the individual being referred. We will provide assessment and a treatment plan. Treatment may be initiated at SCCR. Ongoing care, including direct ongoing therapeutic support and pharmacotherapy management, should be provided by the patient's education/therapy teams and community physicians.

This framework ensures that children most in need will receive targeted support while appropriately managing referrals to align with service capacity.

