

# REGISTRANT INFORMATION FORM

Reference #:6359484842

## First Words - Ottawa Renfrew CCU

Send Method: via direct API

<b>TO</b> <b>Fax to:</b> 1 (613) 820-7427 <b>Organization:</b> First Words - Ottawa Renfrew CCU <b>Attention:</b>	<b>FROM</b> <b>Requested By:</b> SLP Assignment Webform --- Ext: --- Pager: --- Via: API Postman System
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This referral was made through Caredove, on 8 Jun 2020 at 3:20pm

To access this referral online, login at [www.caredove.com](http://www.caredove.com)

**Service: Communication Checkup: 2B**

**First Words - Ottawa Renfrew CCU**

**Referral Options:** ---

**Service Options:** ---

### REGISTRANT

**Child Name:** Test 2B - Formula A TEST

**Address:** 1365 Richmond Rd, Ottawa, ON K2B 6R7, Canada

**Gender:** ---

**Date of Birth:** 9 Jun, 2019

**Gestational Age:** ---

**Language:** Preferred Language? **English**

### Parent

**Parent Name:** ---

**Parent Email Address:** ---

**Phone:** ---

**Address:** ---

**Language:**

### ADDITIONAL INFORMATION

**Documentation:** No additional files uploaded

### FEEDBACK

**Outcome:** Entered in Error for Communication Checkup: 2B

### QUESTIONNAIRE

#### Terms and Conditions

I accept the Terms and Conditions:

Yes

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**Child's information**

Child's First Name:	Test
Child's First Language:	English
Child's Date of Birth:	2019-06-09
Was your child born prematurely?:	No
Postal Code:	K1S
Are you a professional supporting a family?:	No

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**Verify child's age**

This information is correct:	Yes
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**9 Month Screening Survey**

Have trouble feeding or swallowing?:	No
Babble and repeat sounds such as 'babababa' or 'duhduhduh' back and forth with you?:	Yes
Respond to or look at the person who is saying their name in an interesting and animated voice?:	Yes
React to the telephone ringing or a knock at the door?:	Yes
Understand being told 'no'?:	Yes
Get what they want using sounds & gestures?:	No
Respond to social games such as Peek-A-Boo?:	Yes
Enjoy being around people?:	Yes
Feed themselves a cracker or cookie?:	No
Mouth and chew objects?:	Yes
Look for dropped objects or a hidden toy?:	Yes
Let go of objects voluntarily?:	Yes
Bang two objects together or clap their hands?:	Yes
Rake small items with their fingers?:	Yes
Move an object from one hand to the other?:	Yes
Accept or take a toy into their hand and look at it?:	Yes
Travel by rolling, scooting or creeping?:	Yes
Roll from stomach-to-back and from back-to-stomach?:	Yes
Sit without support or help for a few minutes?:	No
Move forward while on their stomach?:	Yes
Stand while holding onto something?:	Yes
Move to get a toy on either side of them while on their belly?:	Yes
Hold themselves up on their hands and knees for a short period?:	Yes

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**9 Month Developmental Questions**

My child vocalizes and makes sounds.:	Yes
My child almost always engages in a social way:	Yes
My child is withdrawn or is more difficult to comfort than other children:	No
My child is more interested in looking at objects than people's faces:	No
My child has lost any previously obtained language or social skills:	No
My child responds consistently when their name is called:	Yes
My child responds most of the time, to a trusted adult's gestures and facial expressions:	Yes

My child has limited eye gaze or shared interest in others:	No
My child may appear indifferent to pain or temperature:	No
My child has unusual fears but may not seek comfort from adults:	No
My child may be happy to spend very long periods of time alone:	No
Pathway:	2B
Pathway-Location:	2B-OTTAWA

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**Communication Checkup Results**

Referral Option:	Referral
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**Next Steps**

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How would you like to proceed?:	Referral
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**Consents - Personal & Family Information**

Email:	m.mccool@pqchc.com
Verify Email:	m.mccool@pqchc.com
Name:	test test

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**Consents**

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**CONSENT 1: First Words Intake and Service Consent**

I have read the information in the First Words Intake and Service Consent and agree to the details described above.:	Yes
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**CONSENT 2: Consent to Share Information With Your Child's Primary Health Care Provider (optional)**

I consent and agree to information being shared with my child's primary health care provider.:	No
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**CONSENT 3: Client Consent for Email Communication for the Purpose of Scheduling (optional)**

I have read the Guidelines for use of email and consent to using email communication for the sole purpose of scheduling First Words appointments.:	No
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