

REQUEST FOR CONSULTATION 6-18 years old

ALL FIELDS MUST BE COMPLETED

Date: ____/____/____					
CHILD'S/ADOLESCENT'S CONTACT INFORMATION					
LAST name :		FIRST name :		DOB : ____/____/____	
Mother's last name :		Mother's first name :		<input type="checkbox"/> Unknown HIN Exp :	
Father's last name :		Father's first name :		<input type="checkbox"/> Unknown	
Gender		<input type="checkbox"/> F <input type="checkbox"/> M		Speaking language : <ul style="list-style-type: none"> <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other (Specify) : 	
Postal address :					
City :		Zip :			
Tel : ____-____-____		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (Specify) :			
REFERRING PHYSICIAN					
<input type="checkbox"/> Family physician		<input type="checkbox"/> Pediatrician		<input type="checkbox"/> Other:	
NAME:			Contact info :		
Lic :					
Sig :					
Are you the treating physician?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Is the attending physician informed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TREATING PHYSICIAN (if different)					
<input type="checkbox"/> Family physician		<input type="checkbox"/> Pediatrician		<input type="checkbox"/> Other:	
NAME:			Contact info :		
Lic :					
Sig :					
Fax number :					
At the end of the consultation, the patient will be returned to the care of the attending physician.					
REASON(S) FOR CONSULTATION					
You can send a clinical note or a file summary by fax to (514) 345-2148 or by email: cirene.hsj@ssss.gouv.qc.ca					

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REASON(S) FOR CONSULTATION according to CIRENE eligibility criteria for 6-18 years			
<input type="checkbox"/> ADHD SPECTRUM DISORDER*		<input type="checkbox"/> Failed pharmaceutical therapies at optimal dosage	
		<input type="checkbox"/> Complex picture: <ul style="list-style-type: none"> <input type="checkbox"/> Presence of comorbidity (tics, anxiety disorder, etc.) <input type="checkbox"/> Differential diagnosis difficult to establish 	
		<input type="checkbox"/> Medical condition complicating treatment	
<input type="checkbox"/> LEARNING DISABILITIES		<input type="checkbox"/> Academic failure in \geq major subject (french, math) documented in report cards (provide copy)	
		<input type="checkbox"/> Despite special education intervention (provide report)	
		<input type="checkbox"/> No intellectual disability (IQ \geq 70)	
<input type="checkbox"/> TOURETTE SYNDROME (GTS)		<input type="checkbox"/> Motor and vocal tics	
		<input type="checkbox"/> Tics, motor or verbal for over 1 year	
		<input type="checkbox"/> <u>Tics with</u> significant functional impact	
*Must attend school and school team must be involved (intervention plan, services, etc.)			
MEDICAL CONDITIONS (specify)			
CURRENT MEDICATION(S)			
•	•	•	
•	•	•	
CURRENT SERVICE(S)		Specify	
<input type="checkbox"/> School services:	<input type="checkbox"/> Occupational therapy	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Educational psychology
<input type="checkbox"/> CISSS/CIUSSS services:	<input type="checkbox"/> Psychology	<input type="checkbox"/> Social services	<input type="checkbox"/> TES
<input type="checkbox"/> PRIVATE services:	<input type="checkbox"/> Neuropsychology	<input type="checkbox"/> Educational therapy	
<input type="checkbox"/> Other :	<input type="checkbox"/> Other :		
Please send us the available <u>assessment reports</u>			
Exclusion criteria for the CIRENE 6-18 assessment clinics			
<ul style="list-style-type: none"> • The request does not meet CIRENE's eligibility criteria for 6 to 18 years old (see appendix) • The child/adolescent has already been evaluated for the problem for which she or he is referred to CIRENE • The request for consultation does not meet the assessment mandates of CIRENE teams: <ol style="list-style-type: none"> 1. Establishment of a clinical and, if possible, etiological diagnosis 2. Development of an investigation and intervention plan 			
TO CONTACT CIRENE or to send documents in a confidential manner			
Telephone: (514) 345-4931 #6065	Fax: (514) 345-2148	Email: cirene.hsj@ssss.gouv.qc.ca	

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ELIGIBILITY CRITERIA FOR CIRENE ASSESSMENT CLINICS

ASSESSMENT 0-5 YEARS OLD

MOTOR DELAY CLINIC

- Between 0 and 2 years of age
- Presents with a predominant significant motor impairment

NEURODEVELOPMENTAL DISORDERS CLINIC

- Between 0 and 6 years old minus one day
- Presents with significant difficulties (moderate to severe) in ≥ 2 areas of development
- Does not have an equivalent assessment service in their region
- Resides in the CIRENE service territory according to the criteria established by the MSSS

ASSESSMENT 6-18 YEARS OLD*

ATTENTION DEFICIT DISORDER WITH OR WITHOUT HYPERACTIVITY CLINIC

- Between 5 and 17 years old**
- Attends school (including kindergarten)
- Presents symptoms of complex ADHD according to one of the following criteria
 - a. Failed pharmaceutical therapies at optimal dosage
 - b. Complex picture:
 - Presence of established comorbidity(ies) (e.g. ASD, anxiety disorder, ODD, ID, etc.)
 - Differential diagnosis difficult to establish
 - c. Physical problem or pathology that may affect pharmacological treatment (e.g. cardiac pathology)

TOURETTE SYNDROME (GTS) CLINIC

- Between 6 and 17 years old**
- Has motor AND vocal tics
- Has motor or vocal tics for more than one year
- Has tics with significant functional impact

ACADEMIC DIFFICULTIES ASSESSMENT CLINIC (EVSC)

- Between 6 and 12 years of age (primary school)
- Received intellectual (psychological) and special education assessments
- Failing at least one major subject (french, math)

*The thematic clinic dedicated to developmental coordination disorders has been dissolved.

**If the teenager turns 18 years old at the time of the first appointment, the request will be declined.