



Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg

Assistive Technology PRODUCTS AND SERVICES Communication Devices Program Prescription Update Form

Deer Lodge Centre (DLC)
2109 Portage Ave.
Winnipeg, MB R3J 0L3
Tel. (204) 831-3430

1. CLIENT INFORMATION

Client Last Name:	Client First Name:																																								
Date of Birth: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td></tr> </table>											D	D	M	M	M	Y	Y	Y	Y		Personal Health Identification Number (PHIN): <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				
D	D	M	M	M	Y	Y	Y	Y																																	
Diagnosis:																																									

2. CLINICIAN INFORMATION

Speech-Language Pathologist (SLP) Name:	Organization:
SLP office phone:	SLP cell phone:
SLP Fax:	SLP email:
Occupational Therapist (OT) Name:	Organization (<i>if different from SLP</i>):
OT Office phone:	OT cell phone:
OT Fax:	OT email:

3. EQUIPMENT

Current System (*device/software, mount, access method, as applicable*):

Equipment/ Software in Need of Change:

Prescribed Replacement Equipment/ Software:

Rationale for new equipment/ software (include change in need and brief summary of trial outcomes if applicable):

Date:		<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td></tr> </table>											D	D	M	M	M	Y	Y	Y	Y	
D	D	M	M	M	Y	Y	Y	Y														
Printed Name of SLP	SLP Signature																					
Printed Name	OT Signature	Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td></tr> </table>											D	D	M	M	M	Y	Y	Y	Y	
D	D	M	M	M	Y	Y	Y	Y														

4. PRESCRIPTION APPROVAL (CDP Internal Use)

Prescription Change Request Reviewed By:

SLP Printed Name	SLP Signature	Approved: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td></tr> </table>											D	D	M	M	M	Y	Y	Y	Y	
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OT Printed Name	OT Signature	Approved: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td></tr> </table>											D	D	M	M	M	Y	Y	Y	Y	
D	D	M	M	M	Y	Y	Y	Y														

Rental Status: Re-initiate Rental:

D	D	M	M	M	Y	Y	Y	Y	

 Continue Rental

Notes: _____
