Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg

Assistive Technology

PRODUCTS AND SERVICES

Communication Devices Program
Trial Outcome Form

Deer Lodge Centre (DLC)
2109 Portage Ave.
Winnipeg, MB R3J 0L3
Phone: (204) 831-3430
Fax: (204) 885-2524

NAME:_____ DATE: _____ PHIN: _____

Device:	**Mount:**	**Access:**	
App:	**Profile:**		

TRIAL CONCLUSION & PLAN: please select the most appropriate outcome below

A ☐ Additional trial required

RATIONALE: (i.e why is another trial required: different device, changes to programming, not enough opportunity, etc)

_____

_____

_____

NEXT STEPS:

- ☐ **Confirm new trial dates with CDP:** DD|MMM|YYYY to DD|MMM|YYYY
- ☐ **Complete DEF if new equipment is required, attach with Trial Outcome Form**
- ☐ **Other:** _____

B ☐ Electronic AAC not appropriate at this time

RATIONALE: (i.e. why electronic AAC was not appropriate, provide alternate communication plan: i.e. strategies, non-electronic, etc) _____

_____

_____

_____

NEXT STEPS:

- ☐ **Discharge from CDP**
- ☐ **Re-direct referral to appropriate resource: (list)** _____
- ☐ **Other:** _____

C ☐ Trial Successful: Move to rental

RATIONALE: (i.e. trial was successful based on following observations) _____

_____

_____

_____

NEXT STEPS:

- **** NIHB Eligible Clients (Stop here and contact CDP for next steps)***
- ☐ Complete CDP-05 Prescription Form (***for private pay, third party insurance or MSPD eligible clients***)
- ☐ Schedule 6-month follow-up appointment, DATE: _____ TIME: _____

Details not captured elsewhere:

_____

_____

Speech-Language Pathologist/ Date **Occupational Therapist/ Date**