

MANITOBA DEVELOPMENTAL CENTRE
P.O. Box 1190 Portage la Prairie, MB R1N 3C6

EXTERNAL CONSULTATION/REFERRAL RECORD

Name: _____ **Date:** _____

Birthdate: _____ **MHSC & PHIN#:** _____

Residence: _____ **Social Allowance: Yes** _____ **No** _____

Social Allowance #: _____ (Obtain from Residents Trust Office if payment will be required.)

CONSULTANT: _____
Name and Title **Speciality**

SUMMARY OF CASE AND DIAGNOSIS:

Signature

REPORT: **Date:** _____

Signature