Solutions
A Neil Squire Program

NEIL SQUIRE SOLUTIONS – CLIENT REFERRAL FORM
Email: nb.info@neilsquire.ca, Fax: 506.453.9681
* Required Fields

REASON FOR REFERRAL*			
☐ Assistive Technology Assessment/Consultation	☐ Assistive Technology Training	☐ Sourcing Assistive Technology	☐ Digital Literacy
☐ Equipment Rental	☐ Ergonomic Assessment	☐ Learning Strategies	☐ Other, please explain:

CLIENT REFERRAL INFORMATION			
Date of referral*		**Language of preference:**	
Client name*		**Client ID**	
Client address			
Phone (home) *		**Phone (cell)**	
E-mail		**Disability**	

EDUCATION OR EMPLOYMENT	
☐ **EDUCATION**	
School name & address	
Name of contact	
Grade/Level/Program	
Funding Source	
☐ **EMPLOYMENT**	
Employer name & address	
Name of contact	
Employment goal and working hours: *Please explain:*	
Funding source	

ADDITIONAL CLIENT INFORMATION	
List of documents enclosed: *Psychoeducational assessments, workplace assessments etc.*	
Timeframe:*	
Additional information:	

REFERRAL AGENCY			
Agency name & address			
Name of contact		**Title**	
Phone (office)		**Phone(cell)**	
E-mail		**Fax**	
Invoicing address if applicable			