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FIRST NAME :

LAST NAME :

RAMQ # :

**ANNEX ACCESS GUICHET ID-ASD-PD REQUEST FORM**  
**ASSISTIVE TECHNOLOGY PROGRAM**

Date of request:

**CLIENT INFORMATION**

Studies: ☐ High school ☐ College/CEGEP ☐ University

Field of studies:

Name of spouse:

Means of transportation:

Medication :

Allergies:

**REASON FOR REFERRAL (identified needs)**

Need for a communication device: ☐ Yes ☐ No

If not, please proceed to the next section

**LEVEL OF DIFFICULTY**

Communication difficulty affecting:	None	Mild	Moderate	Severe
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression (ex.: spelling, grammar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditory comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication contexts: ☐ Family/Friends ☐ Community ☐ Work ☐ Studies ☐ Volunteering

How does the client communicate:

☐ Speech ☐ Gesture ☐ Communication board ☐ Communication device

Comments:

REASON FOR REFERRAL (identified needs) (CONTINUED)				
Need for computer access: <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, please proceed to the next section				
Context of use: <input type="checkbox"/> Work <input type="checkbox"/> Finances <input type="checkbox"/> Studies <input type="checkbox"/> Purchases <input type="checkbox"/> Leisure				
Type of computer used: <input type="checkbox"/> PC <input type="checkbox"/> MAC				
Operating system: <input type="checkbox"/> Windows 7 <input type="checkbox"/> W-8 <input type="checkbox"/> W-10 <input type="checkbox"/> El Capitan <input type="checkbox"/> Sierra <input type="checkbox"/> High Sierra				
Level of knowledge/experience with computers: <input type="checkbox"/> Low or none <input type="checkbox"/> Moderate <input type="checkbox"/> High				
<b>LEVEL OF DIFFICULTY</b>				
Difficulty with:	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
Use of keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of mouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing text or mouse cursor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results of your evaluation in relation to computer ergonomies :				
Results of your parameters of the Windows control panel accessibility options:				
<input type="checkbox"/> Sticky Keys <input type="checkbox"/> Filter Keys <input type="checkbox"/> Toggle Keys <input type="checkbox"/> Adjustment of mouse parameters				
Comments :				
Needs for adapted telephone and environmental control : <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, proceed to the next section				
<b>LEVEL OF DIFFICULTY</b>				
Difficulty with :	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
Use of remotes (ex. : TV, DVD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turning lights on/off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holding the telephone handset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dialing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results of your tests with the telephone: <input type="checkbox"/> Hands-free option <input type="checkbox"/> Headset				
Comments :				
Any other need(s)? <input type="checkbox"/> Bed control <input type="checkbox"/> Lay-Z-boy <input type="checkbox"/> Door				
Are the following activities compromised? (Why?)				
Functioning at work :				
Staying at home:				
Leisure/activities:				
Does the client possess an assistive technology device? From where?				
<input type="checkbox"/> Communication aid	specify:			
<input type="checkbox"/> Lifeline				
<input type="checkbox"/> Adapted mouse/Adapted keyboard	specify:			
<input type="checkbox"/> Others	specify:			
<b>Please attach your evaluations reports (speech-language pathology, occupational therapy, special care counseling, etc.)</b>				