

Children with Disability Association (CDA)

CDA Patient's Referral Form

Referring Hospital:	Tel: _	Fax:
Referring Hospital Coordinator Name:		
Patient's (Full) Name:	Age:	Gender: 🗌 M 🔲 F
Saudi National ID Number	MRN:	
Diagnoses: Main Dx :		
Other Dx : 1)	ICD10 Code	
2)	ICD10 Code	
3)	ICD10 Code	
4)	ICD10 Code	
Other Co-morbid conditions:		
Past History:		
Please mention if the child has any of these problems:Visual Impairment:□Uses eye glassesHearing Impairment:□Uses hearing aidsCognitive Impairment:□MildAllergy :□Specify:	BlindDeafModerate	□ Cochlear implant □ Severe
Seizures: Medication:		
Summary of important investigations:		



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Is the patient compliant with the hospital appointments	and given instructions? □ Yes □ No		
Had the patient had any surgery? \Box Yes \Box No			
If 'Yes' please specify:			
Current Medications and dosage:			
			_
			_
Management:			
			-
Comments / Additional Information:			
			-
Referring Doctor:	Signature	Date / /	

Notes:

We appreciate your support by providing a helpful medical report to help the rehabilitation team working at the Disabled Children's Association. Please take a few minutes to fill in this form.

What is Disabled Children's Association?:

Disabled Children's Association (DCA) is a non-profitable organization that provides comprehensive rehabilitation programmes (medical and educational) to the needy children from birth to 12-year-old, free of charge. DCA has 11 branches, as of 2018, distributed in 10 cities around the Kingdom of Saudi Arabia. The programmes are run on daycare basis. No residential care is supported.

Criteria for accepting children:

- 1. He / she has a physical disability.
- He / she is educable with an IQ > 50
 He / she can see (blinds are not accepted).
- 4. He / she can hear (deaf are not accepted).
- 5. He / she under 12-year of age.
- 6. He / she is a Saudi national or Saudi mother.