



## REFERRAL FOR SERVICES

Has the parent or legal guardian consented to this referral and is aware that an electronic file will be opened? YES  NO   
This referral will not be processed without parental/legal guardian consent.

The private and personal information collected on this form is used to determine eligibility and appropriateness of services to be provided. Identifying information (name, date of birth) may be shared with Public Health Speech and Language Program to avoid duplication of service.

CHILD'S LAST NAME, FIRST NAME		GENDER	DATE OF REFERRAL		DATE OF BIRTH (DD/MM/YYYY)
		PRONOUNS			
ADDRESS (where the child lives)			POSTAL CODE		PERSONAL HEALTH #
ARE YOU COMFORTABLE COMMUNICATING IN ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO		WOULD AN INTERPRETER BE HELPFUL? <input type="checkbox"/> YES <input type="checkbox"/> NO	PREFERRED LANGUAGE(S) SPOKEN AT HOME:		DOES YOUR CHILD IDENTIFY AS INDIGENOUS? <input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> FIRST NATIONS <input type="checkbox"/> MÉTIS <input type="checkbox"/> INUIT
PERSONS CHILD LIVES WITH		RELATIONSHIP TO CHILD	LEGAL GUARDIAN <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME VISIT OR HEALTH/SAFETY CONCERNS <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, please specify)	
HOME PHONE		CELL PHONE		E-MAIL ADDRESS	
LEGAL GUARDIAN/SOCIAL WORKER NAME (if different than above)		PHONE #		FAX #	
ADDRESS		POSTAL CODE		E-MAIL ADDRESS	
NAME OF PRESCHOOL, DAYCARE, SCHOOL	CONTACT NAME	PHONE #		PHYSICIAN NAME	
REASON FOR REFERRAL (e.g., small and large movements, daily living skills, communication, participating in home and community activities, social and emotional regulation).					
MEDICAL DIAGNOSIS <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, please specify)					
REFERRED BY (please print name)			PHONE #		FAX #
RELATIONSHIP AND/OR FACILITY			ADDRESS/POSTAL CODE		
FORM COMPLETED BY				ORIGINAL DATE OF REFERRAL (DD/MM/YYYY)	

Revised November 1, 2021

# Helping kids shine!

