northern health
the northern way of caring

Smithers Public Health
Speech & Language Program
Bag 5000, 3793 Alfred Avenue, 2nd Floor, Smithers BC V0J 2N0
Telephone: 250.847.6400, Fax: 250.847.5908, www.northernhealth.ca

☐ Speech/Language

REQUEST FOR SERVICES

Individual Referred

Last Name	First Name	Initial	Date of Referral

Address (Including Postal Code)	Home Phone # / Work Phone #

Child Referral	Adult Referral	Date of Birth	Age	Physician & or ENT Specialist /other provider

If Minor: Parent / Guardian Name	Has parent / Guardian been Notified prior to referral? ☐ yes ☐ No

Name of School / Preschool	Grade

Description of Speech/Language or Hearing Problem observed :-

Please indicate PHN # ⟶

Previous Physicians, Specialist or Clinics Attended :- (Hearing Aid √ _____)

REFERRAL SOURCE

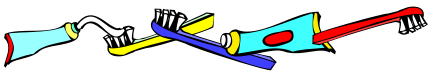
Name (Print or type)	Phone No.

Address City Postal Code

Relationship of Referral Source to Patient

☐ Parent/Guardian ☐ Physician ☐ Audiologist ☐ Speech/Language Pathologist

☐ PHN ☐ Other: _____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