

Request for Services

Child's Name: _____ **Date of Birth:** _____ **Sex at Birth:** M / F / X
First Name, Last Name Month/Day/Year

PHN#: _____ **English:** ☐ Other: _____ **Interpreter Needed:** Y/N **Gender:** _____
(Personal Health Number) (if different from sex at birth)

Identify as Indigenous? Y/N _____ **Ethnicity/Cultural Background:** _____

Legal Guardian: _____ **Phone:** _____
First Name, Last Name (Relationship) home cell work

Address: _____
Address City Province Postal Code

Email: _____

Legal Guardian: _____ **Phone:** _____
First Name, Last Name (Relationship) home cell work

Address: _____
Address (if different than the above) City Province Postal Code

Other: _____ **Phone:** _____
First Name, Last Name (Relationship) home cell work

Address: _____
Address (if different than above) City Province Postal Code

Family Physician: _____ **Paediatrician/Specialists:** _____

Childcare Program: _____ **Days/Times Attending:** _____

Date Referred: _____ **Referred By:** _____
Agency Phone

→ Legal Guardian has given informed consent for this referral: Y ☐ N ☐

→ Legal Guardian is aware speech and language services are integrated between the CDC and Northern Health: Y ☐ N ☐

→ Legal Guardian is aware CDC services are integrated with Aboriginal Supported Child Development, and the School District: Y ☐ N ☐

Reason for Referral / History (Please include specific concerns, and all relevant medical history including diagnosis, extended hospital visits, communicable diseases, medical alerts, allergies, preferred pronouns)

****Please send all relevant medical reports to Child Development Centre/Northern Health**

Please check all services that you are requesting:	Physiotherapy	Occupational Therapy	Speech Therapy	SCD	Family Services
---	---------------	----------------------	----------------	-----	-----------------

Office use only: ☐ Consents faxed _____ ☐ Request for Services Spreadsheet ☐ Tracking Spreadsheet (therapy only)
☐ Phone for Therapy ☐ SCD Letter _____ ☐ Therapy Waitlist Letter _____