Speech - Language Program
Prince Rupert Health Unit
300-3rd Ave West, Prince Rupert BC V8J 1L4
(P) 250-622-6380 (F) 250-622-6391

REQUEST FOR SPEECH - LANGUAGE SERVICES

Last Name First Name				Date of Referral
Address (Including Postal Code)				Home Phone #'s:
Child Referral	Adult Referral	Date of Birth	Age	Physician / ENT Specialist / Other Provider(s)
If Minor: Parent / Guardian Name(s)			Has parent / guardian been notified prior to referral? ☐ YES ☐ NO	
Name of Preschool / Daycare			Days child attends Preschool / Daycare AM / PM	
Please briefly describe the Speech and/or Language concern:				
Previous Physicians, Specialist or Clinics Attended :				

Referral Source:

Name	Phone #
Address City	Postal Code