



Quesnel & District

# CHILD DEVELOPMENT CENTRE

## CLIENT REFERRAL

**\*\* PARENT/GUARDIAN MUST AGREE TO REFERRAL BEING MADE\*\***

Name \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Date of birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Personal Health # \_\_\_\_\_  
(m) (d) (yr)

Parents\Guardians \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Address \_\_\_\_\_ V2J \_\_\_\_\_

Languages spoken in home: \_\_\_\_\_

Family Physician \_\_\_\_\_ Clinic \_\_\_\_\_

Reason for referral/concerns: \_\_\_\_\_

Medical history/diagnosis (include copies of relevant reports): \_\_\_\_\_

### Services Requested:

- \_\_\_\_ Pregnancy Outreach Program (conception to 6 months)
- \_\_\_\_ Infant Development Program (Birth to 3 years )
- \_\_\_\_ Physiotherapy (Birth to School Age)
- \_\_\_\_ Supported Child Development (0 – 19 years)
- \_\_\_\_ Occupational Therapy (Birth to School Age)
- \_\_\_\_ Occupational Therapy (School Age)
- \_\_\_\_ \*\*\*Speech-Language Pathology\*\*\* (Birth to School Age)

\*\*\*In Quesnel, the SLP waitlist is shared by the Q&DCDC and the Northern Health Speech and Language Clinic. Initial intake will be conducted at the Q&DCDC, however, children being referred for SLP services may be assigned to either facility based on the soonest available opening. This does not affect any other service a child may require from the Q&DCDC\*\*\*

Current services: \_\_\_\_\_

Past services: \_\_\_\_\_

Person making referral \_\_\_\_\_ Agency/program \_\_\_\_\_

I have informed parents/guardians that children referred for speech-language pathology services may be seen at either the Q&DCDC or at the Northern Health Speech & Language Clinic.

Signature \_\_\_\_\_

Rev. 2014-08-25