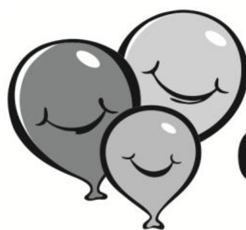

Quesnel & District
Child Development Centre

CLIENT REFERRAL

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

Name______________________________ Date of Referral: ______________________

Date of birth______________________ Male ______ Female _____ Personal Health #______________________
(m) (d) (yr)

Home Phone: ______________________

Parents\Guardians______________________________ 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)
____ Physiotherapy (School Age)
____ ***Speech-Language Pathology*** (Birth to School Age)
____ Occupational Therapy (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______________________________

300 - 488 McLean Street, Quesnel, BC V2J 2P2
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