



Quesnel & District Child Development Centre

At the Q&DCDC, we respectfully acknowledge the traditional lands and unceded territory of the Lhtako Dene Nation on which we are privileged to work and reside on. We appreciate the opportunity to work alongside and learn with all our Indigenous partners including the Metis and Inuit people residing in the North Cariboo region.

CLIENT REFERRAL

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

Name _____ Date of Referral _____

Date of birth _____ Parents\Guardians _____
(d) (m) (yr)

Contact Phone _____ Text Yes ___ No ___ Email _____

Address _____ V2J _____

Languages spoken in home _____ Family Physician _____

Reason for referral/concerns _____

Medical history/diagnosis (include copies of relevant reports) _____

Services Desired:

___ Pregnancy Outreach ___ Infant Development (Birth to 3) ___ Supported Child Development (0 – 19)
___ Occupational Therapy (Birth to 5) ___ Physiotherapy (Birth to 5) ___ *Speech-Language Pathology (Birth to 5)
___ Family Navigator ___ Indigenous Services (IIDP, ISCD, EARLY YEARS)

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

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.

Current services or programs _____

Person making referral _____ Agency/program _____

Signature _____