

REQUEST FOR SERVICE

Speech-Language Pathology Referral (Birth to age 5)

Client's Last Name		Client's First Name <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth date (dd/mm/yyyy)		BC Service Card Number	
Date of Referral (dd/mm/yyyy)		Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referral Source: (Please include contact information)			
Name of Parent(s) / Legal Guardian / Foster Parent(s)	Relationship to Client	Most convenient phone	Legal Guardian?
1			<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> Yes <input type="checkbox"/> No
4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Client's address			
		City	Postal Code
Mailing address (if different)			
		City	Postal Code
Language spoken at home		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain reason for referring			
Other important service providers in client's life	Job title		
Daycare/Preschool:			

Send this request for service to the nearest Speech-Language Pathology Centre listed on the next page.

<p>Interior Health collects, uses, and shares personal information in accordance with the BC Freedom of Information & Protection of Privacy Act (FIPPA).</p> <p>In some communities, Speech Language services are also provided by a Ministry of Children and Family Development therapy agency. The information on this form may be shared with parties outside of Interior Health only with the parent's or legal guardian's permission or as authorized by FIPPA and/or other legislation.</p> <p>Once information is shared, that agency will be responsible for its security and confidentiality.</p>	<p>I, _____, parent/legal guardian of the above named child, consent to Interior Health sharing the data on this form with the local Ministry of Children and Family Development therapy agency.</p>
	Date
	Signature of Consenting Parent/Legal Guardian
	<input type="checkbox"/> Verbal Consent

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Interior Health Speech-Language Pathology Centre Locations			Phone	Fax
100 Mile House	South Cariboo Health Centre	555 D Cedar Avenue	250-395-7676	250-395-7675
Cranbrook	Cranbrook Health Centre / Rocky Mountain Lodge	20 - 23rd Avenue South	250-420-2221	250-420-2295
Enderby	Enderby Community Health Centre	707 - 3rd Avenue	250-838-2450	250-838-6005
Golden	Golden Health Centre	835 - 9th Avenue South	250-344-3015	250-344-2817
Invermere	Invermere Health Centre	850 - 10th Avenue	250-342-2360	250-342-2373
Kamloops	Kamloops Health Centre	519 Columbia Street	250-851-7402	250-851-7462
Kelowna	Kelowna Community Health & Services Centre	505 Doyle Avenue	250-469-7070 Ext 12074	250-868-7809
Kimberley	Kimberley Health Centre	260 - 4th Avenue	250-432-5429	250-342-2373
Nelson	Nelson Health Centre	333 Victoria Street	250-505-7244	250-505-7211
Oliver	Oliver Health Centre	930 Spillway Road	250-498-5073	250-498-0351
Penticton	Penticton Health Centre	740 Carmi Avenue	250-770-3401	250-770-3410
Revelstoke	Revelstoke Speech & Language Clinic	1001 Mackenzie Avenue	250-837-4285	250-837-6668
Salmon Arm	Salmon Arm Health Centre	851 - 16th Street NE	250-833-4100	250-833-4117
Summerland	Summerland Health Centre	12815 Atkinson Road	250-404-8050	250-404-8057
Trail	Kiro Wellness Centre	1500 Columbia Avenue	250-364-6216	250-364-6218
Vernon	Vernon Health Centre	1440 - 14th Avenue	250-549-5760	250-549-5788
Williams Lake	Williams Lake Health Centre	540 Borland Street	250-302-5030	250-302-5035