

Referral Date	Child's Last Name	Child's First Name	Child's Preferred Name
Personal Health Number	Date of Birth (dd/mmm/yyyy)	Primary Language(s)	Interpreter needed? (<i>no cost</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender	Preferred Pronouns	Preferred Phone Number	Alternate Phone Number
Address (<i>including city and postal code</i>)			
School/Preschool/Daycare		Family Doctor/Nurse Practitioner	
<input type="checkbox"/> Parent / <input type="checkbox"/> Legal Guardian / <input type="checkbox"/> Foster Parent (first and last name)		<input type="checkbox"/> Parent / <input type="checkbox"/> Legal Guardian / <input type="checkbox"/> Foster Parent (first and last name)	
Additional Phone Number(s)	Preferred Pronouns	Additional Phone Number(s)	Preferred Pronouns
Email	Relationship to Child	Email	Relationship to Child

<input type="checkbox"/> Speech and Language: 0 – Kindergarten Eligibility Referral Reason(s) <input type="checkbox"/> Query Autism <input type="checkbox"/> Few spoken words for age <input type="checkbox"/> Speech sound errors/difficult to understand <input type="checkbox"/> Query developmental delay <input type="checkbox"/> Concerns regarding spoken language <input type="checkbox"/> Concerns regarding understanding of language <input type="checkbox"/> Behaviour (e.g. impulsive, aggression, tantrums) <input type="checkbox"/> Stutters/repeats sounds and words <input type="checkbox"/> Voice problem (e.g. hoarse voice, nasal sounding) <input type="checkbox"/> Other, specify: _____ _____	<input type="checkbox"/> Audiology: 0 – 18 Years Old* Regular Referral for Audiology Assessment <input type="checkbox"/> Rule out hearing loss <input type="checkbox"/> Speech/language concern <input type="checkbox"/> Parental concern <input type="checkbox"/> School concern <input type="checkbox"/> Middle ear concerns <input type="checkbox"/> Pre/post surgery audiogram <input type="checkbox"/> Swim molds or ear plugs <input type="checkbox"/> Hearing aids, as needed <input type="checkbox"/> Known permanent hearing loss: _____ Urgent Referral for Audiology Assessment <input type="checkbox"/> Sudden onset hearing loss NOT related to middle ear fluid/infection <input type="checkbox"/> Ear and/or head trauma, specify: _____ <input type="checkbox"/> Lab proven infection <i>with high risk of hearing loss</i> : E.g. Meningitis or Cytomegalovirus (CMV) Other Comments/Referral Reason: _____ * Vancouver Community Audiology requires that children 5 years and up be referred by healthcare providers and/or teachers
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Please tell us what other services the child has been referred to (attach referral letters/notes if available):

<input type="checkbox"/> Sunny Hill Health Centre - Date: _____ Program(s): _____	<input type="checkbox"/> BC Centre for Ability - Date: _____ Program(s): _____
<input type="checkbox"/> Private Autism Assessment - Date: _____	<input type="checkbox"/> ENT: Date and doctor: _____
<input type="checkbox"/> Psychoeducational Assessment - Date: _____	<input type="checkbox"/> Other, specify: _____

Consent is required for all services. Does the parent/guardian/client agree with this referral? Yes No

Referral Source	<input type="checkbox"/> Family Doctor <input type="checkbox"/> Otolaryngologist (ENT) <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Audiologist/S-L Pathologist	<input type="checkbox"/> Pediatrician <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Social Worker <input type="checkbox"/> Other:
Name	Phone	Fax
Address		<i>Did the client/caregiver demonstrate violence or aggression during the appointment?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

Speech-Language Services			Audiology Services		
CLINIC LOCATION	FAX	PHONE	CLINIC LOCATION	FAX	PHONE
Sechelt	604-885-9725	604-885-5164	Gibsons	604-984-5075	604-984-5070
North Shore/Bowen Island	236-429-3665	604-983-6760	North Shore	604-983-6839	604-983-6704
qathet (Powell River)	604-485-3305	604-485-3310	qathet (Powell River)	604-485-3305	604-485-3310
Richmond	604-233-3198	604-233-3228	Richmond	604-233-3226	604-233-3188
Squamish	604-892-2327	604-892-2293	Squamish	604-892-2327	604-892-2293
Whistler and Pemberton	604-932-4992	604-932-4911	Vancouver	604-659-1109	604-659-1100 x2
Vancouver	604-659-1109	604-659-1100 x3	<i>Office use only:</i>	<i>CHA:</i>	<i>ID:</i>