



Request for Service

Pathways Health Centre for Children
 Rotary Place
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 info@pathwayscentre.org

File #

DATE OF REQUEST: _____ **Name of person completing request:** _____

Pathways is happy to accept referrals from a variety of sources. Your relationship to this client is:

- Self * Teacher/School * Doctor/Nurse Practitioner
 Parent * Licensed Childcare * Partner Agency: _____
 Legal Guardian * Other (please explain): _____

*** If the referral is not from self/parent/legal guardian, it is the expectation that the parent/custodial caregiver is in support of this referral. This referral has been discussed with the family:** YES NO

CLIENT IDENTIFICATION:

Client's Name (Last, First, Initial)		Date of Birth		Gender or preferred pronoun
		YR	MO DAY	
Address				
Postal Code	Primary phone number	Secondary phone number	E-mail	
Client's Doctor/Nurse Practitioner			Language Spoken at Home	
Preschool and/or School (current or if not yet in school, where will they attend)				

PARENT / CUSTODIAL CAREGIVER IDENTIFICATION:

Name	Relationship to client	Address (if different from above)
Primary phone number	Secondary phone number	E-mail
Name	Relationship to client	Address (if different from above)
Primary phone number	Secondary phone number	E-mail

IF REFERRAL IS NOT FROM SELF/PARENT/LEGAL GUARDIAN, PLEASE COMPLETE THE FOLLOWING:

Your Name	Your Title
Name of Your Organization/Agency	Your Contact Phone Number

PLEASE DESCRIBE YOUR REASON FOR REQUESTING SERVICE AT PATHWAYS:

Does the family wish to identify itself or this client as: First Nation Métis Inuit Other:

SERVICE REQUESTED:

- | | | |
|--|--|--|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Augmentative Communication | <input type="checkbox"/> Autism Diagnostic Hub |
| <input type="checkbox"/> Feeding Services | <input type="checkbox"/> Fetal Alcohol Spectrum Disorders Resource | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Resource Support in Licensed Childcare | <input type="checkbox"/> Seating and Mobility |
| <input type="checkbox"/> Speech-Language Pathology | <input type="checkbox"/> Therapeutic Recreation Services | <input type="checkbox"/> TR Teen Transition |