



Request for Service

Pathways Health Centre for Children
Rotary Place
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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
- Parent
- Legal Guardian
- * Teacher/School
- * Licensed Childcare
- * Other (please explain): _____
- * Doctor/Nurse Practitioner
- * Partner Agency: _____

*** 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: (Mandatory)

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	(↑Physician ONLY to fill)
<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Resource Support in Licensed Childcare	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Speech-Language Pathology	<input type="checkbox"/> Therapeutic Recreation Services	<input type="checkbox"/> Seating and Mobility
<input type="checkbox"/> SmartStart Hub		<input type="checkbox"/> TR Teen Transition