



# 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
- \* 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: (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 <b>ONLY</b> 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