CDC The Prince George Child Development Centre

Child Development Centre
1687 Strathcona Avenue, Prince George, BC V2L 4E7
Phone: (250) 563-7168 Fax: (250) 563-8039

Request for Services

northern health

Speech & Language Clinic
1444 Edmonton Street, Prince George, BC V2M 6W5
Phone: (250) 565-7370 Fax: (250) 565-7386

Child's Name:____ D.O.B: ____________________ Gender: M/F
First Name, Last Name Month/Day/Year

Care Card#: _________ _________ _________ English: ☐ Other language: ________________ Interpreter Needed: Y/N

Aboriginal: Y /N Ethnicity: ______________________ Parent/Guardian Email Address:________________________
(for MCFD Statistics) (optional)

Mother:________________________________ Phone: __________________ __________________ ____________
First Name, Last Name home work cell

Father: ________________________________ Phone: __________________ __________________ ____________
First Name, Last Name home work cell

Address: ______________________________________ _______________________ B.C. _______________
Address City Province Postal Code

Legal Guardian: __________________________ Phone: __________________ __________________ ____________
(If different from parents) First Name, Last Name home work cell

Foster Parent: ___________________________ Phone: __________________ __________________ ____________
First Name, Last Name home work cell

Address: ______________________________________ _______________________ B.C. _______________
Address City Province Postal Code

Family Physician: ______________________________ Paediatrician: ____________________________________

Date Referred:_________________ Referred By: ______________________ ______________________ ______________
Agency Phone

→ Parent has given informed consent for this referral: Y☐ N ☐
→ Parent is aware speech and language services are integrated between the CDC and Northern Health: Y☐ N ☐
→ Parent is aware CDC services are integrated with Aboriginal Supported Child Development, and the School District: Y☐ N ☐

Reason for Referral:

Relevant Medical History: *(diagnosis, allergies, extended hospital visits, communicable diseases, other)*
☐ relevant medical reports sent to CDC.

Services Requested (*please check* ✓)**:**

Physiotherapy	Occupational Therapy	Speech Therapy	Medical	Preschool	Daycare	McGhee House	SCDP	Family Services