

Client Referral Form

Personal health information contained on this form is collected under the authority of the Personal Health Information Protection Act (2004). This information will be used for the purpose of determining the programs and services that best meet the needs of you and your child. Information is also shared with third party agencies solely for the purpose of providing these services. If you have questions regarding the collection of this information, please contact Toronto Public Health, Preschool Speech and Language Program Manager at 416-338-8255.

Speech & Language Program

Tel.: 416-338-8255
 Fax: 416-338-8511
 TTY: 416-338-0025

Do you consent to this referral to the Preschool Speech & Language Program? Yes No

Date of referral yy/mm/dd Completed on yy/mm/dd hh/mm
 Same as completion date Completed by Name

Consent Source
 Name
 Relationship to child

Geographic Service Area (GSA)
 George Hull Hanen Macaulay Adventure Place Aisling

Client Information

First Name
 Last Name
 Date of Birth yy/mm/dd
 Age at Referral (in months)

Address

Street address
 Apartment
 City
 Province Postal code

Gender Male Female
 Primary language spoken at home _____
 Other languages spoken at home
 Interpreter required
 French language services required
 Child's Doctor
 Doctor's Address
 Doctor's Phone Number
 Doctor's Fax Number

Parent 1

First Name
 Last Name
 Phone number
 Alternate phone number
 Email

Parent 2

First Name
 Last Name
 Phone number
 Alternate phone number
 Email

Referral Source

- Blind/Low Vision
- Childcare/Nursery
- Children's Aid
- Healthy Babies/Healthy Children
- Infant Development
- Infant Hearing Program
- Other Providers/Professionals
- Parent/Guardian
- Physician
- School Board

Referral Contact (If not parent/guardian)

Name
 Agency
 Address
 Phone Number

Child's Daily Program

Childcare Nursery School/Drop-In
 Home School
 Name of Childcare and/or School
 Contact Name
 Address
 Phone Number
 Comments

Child's Name

What are the **current** speech and language concerns?

How does the child communicate/tell what he/she wants? Pick all that apply.

- A. Does not communicate needs
- B. Points
- C. Uses gestures/sounds
- D. Leads adult by hand
- E. Single words
- F. 2-3 word sentences
- G. Long complex sentences
- H. Dysfluent/stutters

How well is the child understood?

- Well
- Not well

Does the child follow directions/ answer questions as expected for his/her age?

- Always
- Sometimes
- Never

Does the child have any medical conditions?

- No
- Yes

If yes, describe

How old was the child when:

- Sat up _____ months
- Crawled _____ months
- Walked _____ months
- Said first word _____ months

Does the child turn to look when you call his/her name?

- No
- Yes

Does the child usually look at you when you talk to him/her?

- No
- Yes

Does the child like to play with lots of different toys (and not just the same thing over and over again)

- No
- Yes

Has the child lost any previously obtained language or social skills?

- No
- Yes
- Describe

Does the child enjoy playing with other children?

- No
- Yes

Do you have any concerns with the child's feeding or eating habits or chewing and swallowing?

- No
- Yes

Are there any concerns regarding the child's behaviour?

If yes, describe

Do you have any concerns about the child's physical development? (walking, coordination, balance, drooling, vision)

Are there any concerns with the child's hearing?

- No
- Yes

Does the child have a history of ear infections?

- No
- Yes

Has the child's hearing been tested?

- No
- Yes
- If yes, when, where and what were the results?

Was the child born at full term?

- No
- Yes
- If no, at how many weeks? ___ weeks

Is there a family history of speech or language problems?

- No
- Yes
- Describe

Are any of the following professionals involved with the child?

- Infant Development
- Occupational Therapist
- Physiotherapist
- Public Health Nurse

Are any other agencies involved? No Yes

Name of agency _____

Contact person

Service provided

Name of agency

Contact person

Service provided

Name of agency _____

Contact person _____

Service provided _____

Have any referrals been made to other individuals/services/agencies?

- No
- Yes
- If yes, where and for what reason?

Has the child ever been assessed by a Speech & Language Pathologist?

- No
- Yes
- If yes, who, and what were the results?