



Request for Speech & Language Services

Speech - Language Program
Prince Rupert Regional Hospital (4th floor)
1305 Summit Avenue
Prince Rupert, BC V8J 2A6
Fax: 250-622-6521
www.northernhealth.ca

Last Name		First Name		DOB: <i>(month/day/year)</i>	Gender: M/ F/ X
Address:		City	Province	Postal Code	
PHN #:		English <input type="checkbox"/> Other _____	Aboriginal: Y /N (for MCFD Statistics)		
Child Referral	Adult Referral	Name of Preschool/Daycare			
If Minor: Legal Guardian Name <div style="text-align: center;">() Relationship</div>			Home #: _____ Cell #: _____ Work #: _____		
Address (if different from above)		City	Province	Postal Code	
Legal Guardian Name <div style="text-align: center;">() Relationship</div>			Home #: _____ Cell #: _____ Work #: _____		
Address (if different from above)		City	Province	Postal Code	
Primary Caregiver (if different from above) <div style="text-align: center;">() Relationship</div>			Home #: _____ Cell #: _____ Work #: _____		
Address		City	Province	Postal Code	
Reason for Referral: 					
Relevant Medical History: <i>(diagnosis, extended hospital visits, communicable diseases, medical alerts i.e. seizures, allergies, EpiPen)</i> 					
Legal guardian has given informed consent for this referral: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Date Referred:	Referred by:		Agency:	Phone #:	