201 - 21755 Lougheed Hwy., Maple Ridge, BC V2X 2S2 Tel: 604.463.0881 Fax: 604.463.0026 www.rmcdc.com

REQUEST FOR SERVICE

Early intervention services are available from birth to school entry for families residing in the Maple Ridge/Pitt Meadows area. Please Note:

- Incomplete forms will be returned to sender.
- Referrals for speech therapy may be redirected to the Fraser Health Authority Speech-Language Program.

Child's Name:	1 ::			Date:			
(surname) D.O.B.:	(given) Sex: F	•	Personal F	lealth #:			
Aboriginal Heritage: Yes No Language(s) spok							
Child resides with: Both Parents Parent #1 only	Parent #	‡2 only	Foste	r family	_ Other		
Legal Guardian is: Both Parents Parent #1 only	Parent #	2 only	Social	Worker	_ Other		
#1 Parent/Guardian Name:			Email : _				
Address:			P	ostal Code:			
Parent/Guardian Home Phone:	Cell Phone: _			Work	Phone:		
#2 Parent/Guardian Name:			Email:				
Address:							
Parent/Guardian Home Phone:							
Physicians/Professionals/ Agencies Involved:							
Diagnosis (if applicable):							
Primary Concern(s):							
Type of Service Requested (circle applicable concerns):							
Occupational Therapy: dressing	toileting	fe	eding	play/fine n	notor skill	S	
Physiotherapy: early movement/po	ositioning	upri	ght mobility	y gros	s motor sl	kills	
Speech/Language Therapy: speech	1/clarity	unders	standing/us	se of words	stut	tering	voice
Complex Feeding Team (OT/SLP): fai	ilure to thrive	: :	safety risks	tube	feeding	bottl	le transitions
l,						have disc	ussed this
(name, agency, address, and phone numb request for service with the above mentioned parent/gua	•	•	uesting serv	vice)			

Revised February 30, 2009, Nov. 2017, Apr. 2020

