



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.

- Has the parent or legal guardian consented to the referral? **Yes** **No**
- Is the parent/legal guardian aware that all SLP referrals will be first reviewed with Fraser Health to avoid reduplication of service, and that referrals may be re-directed to the Fraser Health Authority's Speech-Language Clinic (at the Maple Ridge Health Unit)? **Yes** **No**

Child's Name: _____ Date: _____

D.O.B.: _____ Sex: F M Personal Health #: _____

Address: _____ Postal Code: _____

Indigenous Heritage: Yes No Language(s) spoken: _____ Interpreter Required? Yes No

Child resides with: Both Parents Parent #1 only Parent #2 only Foster family Other _____

Legal Guardian is: Both Parents Parent #1 only Parent #2 only Social Worker Other _____

#1 Parent/Guardian Name: _____ Email : _____

Parent/Guardian Home Phone: _____ Cell Phone: _____ Work Phone: _____

#2 Parent/Guardian Name: _____ Email : _____

Parent/Guardian Home Phone: _____ Cell Phone: _____ Work Phone: _____

Is sibling(s) receiving early intervention services?: Yes No Location : RMCDC Health Unit Private Therapist

If yes, names and ages of siblings: _____

Physicians/Professionals/ Agencies Involved: _____

Diagnosis (if applicable): _____

Primary Concern(s): _____

Type of Service Requested (circle applicable concerns):

Occupational Therapy (OT): dressing toileting play/fine motor skills sensory concerns

Physiotherapy (PT): early movement/positioning upright mobility gross motor skills

Speech-Language Pathology (SLP): speech/clarity understanding/use of words stuttering voice

Community Feeding Support (OT & SLP)

(Name/agency and phone number of the person requesting service)

(Signature)

