



Speech-Language Referral

For more information about making a speech-language referral for a preschool-age child, please refer to the Island Health Information sheet titled "Speech-Language Referral Guidelines for Preschool-Age Children".

Note: The information collected on this form is subject to and protected by the provisions of The Freedom of Information and Protection of Privacy Act.

Child Being Referred

Child's Name: _____ Female: Male: Other:
 Date of Birth: _____ BC Care Card Number: _____
 Family Doctor: _____ Pediatrician: _____
 Other Professionals Involved: _____

1. Contact Parent's (Legal Guardian's) Name: _____
 Address: _____ Postal Code: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Additional Parent's (Legal Guardian's) Name: _____
 Address: _____ Postal Code: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Reason for Referral (Please specify, and describe if possible)

****N.B.****
 For children under three, a routine hearing evaluation will be scheduled prior to the speech assessment.

- Articulation (Clarity of Speech Sounds):
- Language Comprehension and/or Verbal Expression:
- Stuttering:
- Voice Quality:

Additional Information (Please describe other concerns, relevant medical history, etc.)

Person Making Referral (Please print): _____ **Relationship to Child:** _____

Signature: _____ **Date of Referral:** _____

Forward to the Victoria Health Unit:
 Victoria Speech-Language Program: 1947 Cook Street, Victoria, BC V8T 3P8 Phone: 250-388-2250 Fax: 250-388-2272