Health PEI

Preschool Speech-Language Pathology Referral

Name:	**Date of Birth: (D/M/Y)**	**Personal Health Number** (Provincial Health Card):
Home Telephone: **Cell Telephone**:	**Work Telephone:**	
Name of Parent/Guardian/Contact:	**Address:**	
Email:	**Would you like to be on a cancellation list?** ☐ Yes ☐ No	**Family Physician:**
Languages Spoken: ☐ English ☐ French ☐ Other:	**Language Preference for Services**: ☐ English ☐ French	

Concerns: (Check all that apply)

- ☐ Clarity of speech (e.g., sound errors)
- ☐ Language comprehension (e.g., understanding spoken words)
- ☐ Social interaction
- ☐ Stuttering
- ☐ Language expression (e.g., # of words, grammar)
- ☐ Permanent hearing loss
- ☐ Voice (e.g., hoarse, quiet, loud)
- ☐ Complex needs
- ☐ Other: _____

Diagnosis/Related Information: (Check all that apply)

- ☐ Autism (suspected or diagnosed)
- ☐ Delayed play skills
- ☐ Other: _____
- ☐ Attention challenges
- ☐ Cleft palate
- ☐ Behavioral challenges
- ☐ Feeding/swallowing needs

Other Services Involved: (Check all that apply)

- ☐ Physiotherapy
- ☐ Audiology
- ☐ Pediatrician
- ☐ Best Start
- ☐ Occupational Therapy
- ☐ HEAR
- ☐ Ear, Nose, and Throat (ENT)
- ☐ Child and Family Services
- ☐ Psychology
- ☐ APSEA
- ☐ IWK
- ☐ Private SLP
- ☐ Nutrition
- ☐ Triple P
- ☐ Stan Cassidy
- ☐ Other: _____

Has hearing been screened/tested? ☐ Yes ☐ No Date/Results:

Are there concerns with vision? ☐ Yes ☐ No If yes, please describe:

Additional Information:

Referred by: _____ **Telephone:** _____ **Date:** _____

Speech Language Pathology Program Contacts		
O' Leary PO Box 173, O'Leary, PE C0B 1V0	T: 902 859 8720 F: 902 859 0399	
Wellington PO Box 119, Wellington, PE C0B 2E0	T: 902 854 7259 F: 902 854 7270	
Summerside 205 Linden Ave., Summerside, PE C1N 2K4	T: 902 888 8160 F: 902 888 8153	
Charlottetown 161 St. Peters Road, PO Box 2000 Charlottetown, PE C1A 7N8	T: 902 368 4437 F: 902 620 3195	
Montague 126 Douses Rd., Montague, PE C0A 1R0	T: 902 838 0762 F: 902 838 0803	
Souris 15 Green Street., PO 550, Souris, PE C0A 2B0	T: 1 844 344 8255 F: 902 620 3195	
Provincial Contact	Toll Free: 1 844 344 8255	speechandhearing@ihis.org

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