

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)

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

****N.B.****

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

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