



## HEALTH & WELLNESS SERVICES: NEW CLIENT REFERRAL FORM

Client's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Client's Parent(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Referral Source: \_\_\_\_\_

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 Age: birth – 19       Age: 20 – 99+

Assessment       Treatment

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**Are you seeking Jordan's Principle or other funding?**     YES     NO    Please note funding pursuit in comment box)

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- Speech & Language Services
  - Social Work/Mental Health Services
  - Numeracy & Literacy Services
  - Rehab/Behavioural Support Services
  - Music Therapy Services
  - Augmentative & Alternative Communication (AAC) Services
  - Occupational Therapy Services

Comments: