



SOUTH PEACE CHILD DEVELOPMENT CENTRE

9001-10TH Street, Dawson Creek, BC V1G 4T1

Phone: (250) 782-1161 1-855-782-1160 Fax: (250) 782-4487

Email: spcdc@telus.net

Website: www.spcdc.ca

REFERRAL FORM

CLIENT'S NAME: _____ D.O.B.: _____
(surname) (first name) (year) (month) (day)

Male Female Aboriginal / First Native Ancestry: Yes No Unknown

Parent/Guardian Name(s): _____ Home Phone No: _____

Work Phone No: _____

Mailing Address: _____ Cell Phone No: _____

Postal Code: _____

Personal Health No.: _____ Family Physician: _____

Reason for Referral: Please state all pertinent information _____

SERVICES REQUESTED

Infant Development (0 - 3 years)	Young Parent Program : Parenting / Pregnant young families or teens
Speech and Language Therapy (0- 5 years)	Building Blocks, Dawson Creek only In-depth Parenting Support and Education
Occupational Therapy (0 – 5 years)	Family Education: Enhanced parenting support for Preschool Children
Physiotherapy (0 – 5 years)	Lifeskills : MCFD designation of CYSN eligible only. 0 – 19 years
Supporting Child Development : Supporting full inclusion in Preschool Program at SPCDC	Respite: MCFD designation of CYSN eligible only. 0 – 19 years

REFERRAL SOURCE: _____

Print Name

Signature

PARENT-GUARDIAN HAS BEEN INFORMED AND AGREES WITH REFERRAL:

Yes No

Date of Referral