Preschool Speech and Language Referral Form

For questions, e-mail: intake@tvcc.on.ca

Thames Valley Children's Centre

Today's Date: _____ File No.(Office Only): _____

Referred by:_____ Relationship to Child: _____

Consent: Preschool speech and language services are managed at Thames Valley Children's Centre (TVCC). Services are provided by TVCC, Western University or Woodstock Hospital depending on where you live. Do you provide Thames Valley Children's Centre with permission to start a record on your child and share information with the agency providing service when needed? Yes ◯ No ◯

Do you agree to receive text messages about upcoming appointments for your child: Yes ◯ No ◯

Note: No personal health information will be shared via text message.

Please complete all fields. Make sure you download / save the form to your computer / device before you fill in the form. If a blank or incomplete form is submitted using the secure upload method there is no way to notify the sender.

Child Demographics:

Name: _____ DOB: _____ Gender: _____

Address: _____ City:_____ Postal: _____

Health Card Number: _____ Version Code: _____ Expiry: _____

Primary Diagnosis: _____ Given by:_____

Language Spoken: _____ Interpreter Required: Yes ☐ No ☐

Allergies:

Parent/Guardian Demographics:

Name: _____ Relationship to child:_____

☐ Same address as child

Address: _____ City:_____ Postal: _____

Phone Number (Home): _____ Work #: _____ Cell #:_____

Preferred Contact ☐ Home ☐ Work ☐ Cell Email: _____

Language Spoken: _____ Interpreter Required: Yes ☐ No ☐

☐ Legal Guardian ☐ Custody ☐ Access to health record ☐ Lives with child

Parent/Guardian Demographics:

Name: _____ Relationship to child:_____

☐ Same address as child

Address: _____ City:_____ Postal: _____

Phone Number (Home): _____ Work #: _____ Cell #:_____

Preferred Contact ☐ Home ☐ Work ☐ Cell Email: _____

Language Spoken: _____ Interpreter Required: Yes ☐ No ☐

☐ Legal Guardian ☐ Custody ☐ Access to health record ☐ Lives with child

779 Base Line Road E. London ON N6C 5Y6 auto attendant: 519.685.8700 / 1.866.590.8822 fax: 519.685.8705 intake@tvcc.on.ca www.tvcc.on.ca

Physicians/Schools/Daycare/Other Agencies:

Please list any community programs, agencies, daycares, schools or professionals from related agencies your child is involved with (e.g., All kids Belong, Child and Parent Resource Institute, Children's Aid Society, etc.

Name	Agency/Specialty	City

Preschool Speech and Language Questionnaire:

Why would you like your child to be seen?

Has your child been previously seen by a Speech-Language Pathologist? Yes ☐ No ☐

If yes, please provide:

Name of Speech-Language Pathologist:_____

Date of Assessment: _____

Name of Agency:_____

Please bring a copy of any speech reports to the first appointment.

Do you have another child who is currently receiving services from a Speech-Language Pathologist? Yes ☐ No ☐

If yes, please provide:

Name of sibling:_____

Name of Speech-Language Pathologist:_____

We will make every attempt to assign the same therapist.

Describe your child's personality (e.g., how they respond to change, new situations):

What does your child like to play with?

How long will your child play with a toy before they move on to something else? _____

Is there anything else you've noticed about how your child plays with toys or objects that you'd like to add?

Please describe your child's overall health:

779 Base Line Road E. London ON N6C 5Y6 auto attendant: 519.685.8700 / 1.866.590.8822 fax: 519.685.8705 intake@tvcc.on.ca www.tvcc.on.ca

How does your child typically communicate?

Yes ☐ No ☐ Make sounds (e.g., gaga, moo)?

Yes ☐ No ☐ Points to or gestures for what they want?

Yes ☐ No ☐ Uses single words (e.g., car, mine, no)?

Yes ☐ No ☐ Makes short simple sentences (e.g., that's my car)?

Yes ☐ No ☐ Makes long complex sentences (e.g., I'm going to get a car when I'm big)?

How many words does your child use? _____

Yes ☐ No ☐ Does your child respond to their name?

Yes ☐ No ☐ Does your child understand questions (e.g., Where is your teddy bear)?

Yes ☐ No ☐ Does your child follow simple directions (e.g., Point to your nose)?

Yes ☐ No ☐ **Age 3+:** Does your child follow complex directions (e.g. Get your coat and go to the door)?

What percentage of the time does your family understand what your child says?_____

What percentage of the time do others understand what your child says? _____

Does your child stutter? Yes ☐ No ☐

If yes, please describe:

How long has your child been stuttering?

Has your child had a hearing screening through the Infant Hearing Program? Yes ☐ No ☐

If yes, what were the results?

Describe any concerns (if any) with your child's hearing now?

Does your child cough/gag while eating or drinking? Yes ☐ No ☐

Do you have any other feeding concerns? Yes ☐ No ☐

If yes, please describe:

Note: If you have a feeding concern, please bring food with you to your first appointment.

Is there any additional information about your child or family that you'd like to share?

1. Download / Save your form to your computer / device (before leaving this form or attempting to upload):
2. Submit your completed form by:
   Secure upload from tvcc.on.ca/intake-referrals:
   Fax: to 519.685.8705, or
   Mail: Thames Valley Children's Centre, 779 Base Line Road East, London ON N6C 5Y6

779 Base Line Road E. London ON N6C 5Y6 auto attendant: 519.685.8700 / 1.866.590.8822 fax: 519.685.8705 intake@tvcc.on.ca www.tvcc.on.ca