

Referral

Physiotherapy

Occupational Therapy

Speech/Language Pathology

Audiology (Child & Adult)

Life Links

Adapted Recreation

Date: _____ Preferred Language: English French Other: _____

Client Name: _____ D.O.B.: _____ Male Female

Address: _____

Name of Legal Guardian(s): _____

Contact Telephone #'s: _____

Please describe your concerns: _____

Who is completing this form: _____

Address: _____

Telephone #: _____

The Children's Treatment Centre of Chatham-Kent will contact the family by telephone after we receive this referral. After completing, please email (info@childrenstreatment-ck.com), fax (519-354-7355), or mail to the address below.

Celebrating Abilities, Developing Potential