

## Referral Form

Parent/Guardian has consented to this referral

Please call 519-354-0520 ext. 0 for more information about our services.

Date: Preferred Language: English French Other

Client Name: D.O.B.: Gender: Male Female Other

Address:

Name of Legal Guardian(s):

Contact Number:

Email:

Requested Service(s) for Ages 0 to 6 years:

Physiotherapy Occupational Therapy Speech/Language Pathology Child

Child Audiology Adult Audiology

\*\*\* For all School Based Rehabilitation Services referrals and Central Auditory Processing Assessment (CAP) (Grade 1 and up), please contact your school principal or Learning Resource Teacher.

Please describe your concerns:

Who is completing this form:

Address:

Telephone #: Email Address:

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

*Celebrating Abilities, Developing Potential*

355 Lark Street Chatham, Ontario N7L 5B2 Tel: 519-354-0520 Fax: 519-354-7355  
[www.childrenstreatment-ck.com](http://www.childrenstreatment-ck.com)

Revised: September 2025