Alberta Health Services

Speech, Language & Hearing Services
666 Fifth Street SW, Medicine Hat, Alberta T1A 4H6
Phone (403) 528-8175 Fax (403) 528-8190

Community Referral Form

Name:_____ **Date of Birth:** _____
Address:_____ **City:**_____
Postal Code:_____ **Phone Number:**_____
AHC #:_____ **Hospital #:** _____

Date of Referral: _____
Person Making Referral: _____
Is there an alternate decision maker? (Name): _____
Contact Phone #: _____

Medical Diagnosis:

_____
_____
_____

Area(s) of Concern:

- ☐ **Audiology**
- ☐ **Swallowing**
- ☐ **Speech;** speech is difficult to understand
- ☐ **Language;** Difficulty following directions, difficulty expressing ideas clearly and/or difficulty finding the correct words.
- ☐ **Voice;** voice quality is hoarse or an unnatural pitch, and/or frequent loss.
- ☐ **Fluency** (stuttering)
- ☐ **AAC**: Augmentative communication

Has the individual seen a speech-language pathologist before? If so, where?

_____

Services the individual is currently receiving:

- ☐ Home care _____
- ☐ O.T. (occupational therapy) _____
- ☐ P.T. (physical therapy) _____
- ☐ CHADS program _____

Any other information that would be appropriate:

_____
_____
_____