



Referral:

Child's Name: _____ Date of Birth: _____

Referral Source: _____ Date of Referral: _____

Referral source to complete the section below for each service requested for the child.

SPEECH-LANGUAGE PATHOLOGY:

Language

- Difficulty comprehending directions
- Delayed conceptual development
- Not Talking
- Talking in single words
- Talking in 2 word utterances
- Difficulty expressing ideas verbally
- Confuses word order in sentences
- Immature grammatical structures

Dysfluency / Stuttering

- Exhibits "choppy" speech
- Speaks at abnormal rate
- Has difficulty in "starting" to speak
- Repeats sound, words or phrases
- Hesitates frequently when speaking

Speech

- Intelligible / noticeable sound errors
- Intelligible if listener knows topic
- Unintelligible to people who are not family
- Unintelligible
- Gestures understood

Voice

- Sounds hoarse
- Sounds breathy
- Sounds too loud or too soft
- Sounds nasal
- Sounds denasal
- Sounds too high or too low
- Sounds monotone

Associated Difficulties

- Limited eye contact
- Difficulty interacting socially with peers and/or adults
- Immature play behaviors

Additional Information:

OCCUPATIONAL THERAPY:

- High Risk Infant (specify) _____
- Delayed development of milestones _____
- Feeding concerns At risk for choking Texture aversions Saliva control
- Concerns with: Adaptive play skills Fine motor skills Attention and organization
- Self-care skills Peer interactions Sensory processing
- Environmental access needs Home School Other (specify) _____

Additional Information:

PHYSIOTHERAPY:

- High Risk Infant (specify) _____
- Delayed development of milestones _____
- Concerns with: Gross motor coordination Balance Strength
- Walking Running Throwing and catching a ball Riding a trike or bike

Additional Information:

Forward Form to:

INTERLAKE CTI – Central Intake
200 – 237 Manitoba Ave.
Selkirk, MB R1A 0Y4
Fax: (204) 785-7749
Intake Assistant - Marian Lewis
Phone: (204) 785-7730

For Office Use Only:

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