

Children^as Treatment Centre of Chatham-Kent

355 Lark Street, Chatham, Ontario N7L 5B2 Tel (519) 354-0520 Fax (519) 354-7355

Children's Services Self Referral Form

Date: _____

Referral Source: Parent Other: _____

Child's Name: _____ D.O.B.: _____

Male Female

Address: _____

Telephone #: _____ Work #: _____

HC#: _____

Family Physician: _____ Paediatrician: _____

Parents Name: _____

Services Requested:

Physiotherapy

Occupational Therapy

Audiology (hearing)

Speech Therapy

Reason for Referral: _____

Other Agencies Involved: _____

Completed by: _____

Cancellation List