George Jeffrey Children's Centre
ENRICHING CHILDREN'S LIVES

SERVICE REQUEST

☐ By checking this box, I confirm the client/parent/guardian is aware and consents to this service request

CLIENT INFORMATION

Last Name: _____ **First Name:** _____ Gender: _____
Date of Birth: (yyyy)_____ / (mm) ___ / (dd) ___ Ontario Health Card #: _____
Address: _____City: _____ Postal Code: _____
Phone#:_____ Primary Language: _____ Secondary Language: _____
Child Care/School: _____ Physician (if known)_____

PARENT/GUARDIAN INFORMATION

Name: _____ **Relationship to client:** _____
Address: ☐ same as client _____ City: _____ Postal Code: _____
Phone#: (home) _____ (cell) _____ (work) _____
Email Address: _____ (optional – email unencrypted)
Primary Language: _____ Secondary Language: _____ Interpreter required: ☐Yes ☐ No

Name: _____ **Relationship to client:** _____
Address: ☐ same as client _____ City: _____ Postal Code: _____
Phone#: (home) _____ (cell) _____ (work) _____
Email Address: _____ (optional – email unencrypted)
Primary Language: _____ Secondary Language: _____ Interpreter required: ☐Yes ☐ No

Client Lives with: _____ (if different from above Parent/Guardian)
Custody Information: ☐N/A ☐Joint Custody ☐Sole Custody ☐No Agreement ☐Formal Agreement
☐The Children's Aid Society of the District of Thunder Bay (CAS)
☐Dilico Anishinabek Family Care ☐Tikanagan Child & Family Services
☐Kinship Agreement ☐Other:_____

SERVICE REQUEST (each service request must identify specific concerns for referral):

☐ Occupational Therapy: _____
☐ Physiotherapy: _____
☐ Speech Language Pathology: _____
☐ Augmentative & Alternative Communication: _____
☐ Seating and Mobility: _____
☐ Feeding and Swallowing Clinic: _____
☐ SmartStart Hub: for anyone with a concern about their child's development wanting to have an exploratory conversation with a professional

OTHER INFORMATION (known diagnosis, risk factors at birth, urgent concerns, medical needs, agencies involved):

_____
_____
_____

Last Name: _____ **First Name:** _____ Date of Birth: (yyyy)_____ / (mm) ___ / (dd) ___

REFERENT INFORMATION:
Name/Agency/Department (print): _____
Address: _____ Phone#: _____Fax#: _____
Email Address:_____Signature: _____ Date: _____

*** (Please attach any relevant reports or additional information)**