Alberta Health Services
Rural Pediatric Allied Health

Rural Early Childhood Services Referral

Play • Grow • Connect • Shine
FOOTHILLS CHILDREN'S WELLNESS NETWORK

SITE				
☐ **Canmore/Banff**	☐ **Claresholm**	☐ **Didsbury**	☐ **Okotoks/High River**	☐ **Strathmore**
F: 403-678-0093	F: 403-995-2639	F: 403-335-2502	F: 403-995-2639	F: 403-361-7244
Referrals can faxed to the above number or emailed to: PediatricRural.AlliedHealth@ahs.ca				

Child's Information

Today's Date:

☐ M ☐ F

Child: ____

Last Name (legal) First name Date of Birth YYYY/MM/DD

Child's Alberta Health Care Number: ______________________________

Parent or Legal Guardian Information:

Name (Last, First)	Phone Number	Email (required)	Relationship to Child

Name (Last, First)	Phone Number	Email (required)	Relationship to Child

Mailing Address: ______________________________

Street City Postal Code

Physician & Phone #: ______________________________ Pediatrician & Phone #: ______________________________

Are you the foster parent of this child? ☐ Yes ☐ No

If yes, social worker: ______________________________ Phone#: ______________________________

Language(s) spoken at home: ______________________________

Preschool/Daycare (if any): ______________________________ Do they offer ☐ SLP ☐ OT ☐ PT

Will child attend Kindergarten in next 6 months? ☐ Yes ☐ No If yes: ______ ______________________________

School name

Form completed by ______________________________

Reason for Referral (Please briefly describe your primary concerns):

Who suggested this referral (if other than parent):

I am in agreement with a referral to Rural Early Childhood Services:

Signature of parent / legal guardian	Date	Verbal consent received by	Date

OFFICE USE ONLY

Date Received:	**Date Parents Contacted:**	☐ Attended Walk-In: OT / PT / SLP on ______________ ☐ Referred to OT / PT / SLP/ Feeding / Navigator ☐ Referred to: ______________