

# Health PEI

## Adult Speech and Language Pathology Referral

|   |   |   |
|---|---|---|
| <b>Name:</b>  | <b>Date of Birth: (D/M/Y)</b>   | <b>Personal Health Number:</b> (Provincial Health Card) |
| <b>Home Telephone:</b>  | <b>Work Telephone:</b>  |   |
| <b>Cell Telephone:</b>  | Please <u>circle</u> the number we could reach you during the day.                        |   |
| <b>Email:</b>   | May we contact you by e-mail:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <b>Address:</b>   |   |   |
| <b>Languages Spoken:</b> <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: |   |   |
| <b>Guardian/Alternate Contact Name &amp; Phone Number:</b> (if applicable)  |   |   |

**Reason for Referral:** (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> AAC  | <input type="checkbox"/> Cognitive Communication<br>(eg. Brain injury, dementia) | <input type="checkbox"/> Progressive Neurological:<br>(Please specify)<br>_____ |
| <input type="checkbox"/> Voice  | <input type="checkbox"/> Stuttering  |   |
| <input type="checkbox"/> Gender-affirming voice &<br>communication services | <input type="checkbox"/> Other:<br>_____   |   |

**Other Services Involved:** (Check all that apply)

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Neurologist                 | <input type="checkbox"/> Geriatrician                                       | <input type="checkbox"/> Respirologist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Ear, Nose, and Throat (ENT) | <input type="checkbox"/> Out of Province Services:<br>Please specify: _____ | <input type="checkbox"/> Other: _____  |  |

**Medical Information / Additional Comments:**

Referred by: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Address of referral source: \_\_\_\_\_

**Speech-Language Pathology Adult Program Contact Information:**

**Charlottetown**

161 St. Peters Road  
PO Box 2000  
Charlottetown, PE C1A 7N8  
T: 902 368 4437 / F: 902 620 3195

**Summerside**

205 Linden Ave  
Summerside, PE  
C1N 2K4  
T: 902 888 8160 / F: 902 888 8153

**Provincial Contact**

Toll Free: 1 844 344 8255  
Email: [speechandhearing@ihis.org](mailto:speechandhearing@ihis.org)

For forms used to collect **personal health information** (i.e. information related to the health of the individual, care or treatment provided, family medical history, etc): Personal health information on this form is collected by Health PEI for the purposes of your care and for other purposes permitted by the *Health Information Act*, including the planning and management of health services. Your information will be collected, used and disclosed only as permitted by law. For more information, visit [www.healthpei.ca/yourprivacy](http://www.healthpei.ca/yourprivacy) or contact 1 844 344 8255.