

Adult Speech-Language Pathology Referral

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

Reason for Referral: (Check all that apply)

<input type="checkbox"/> AAC	<input type="checkbox"/> Cognitive Communication (e.g., brain injury, dementia)	<input type="checkbox"/> Progressive Neurological Please specify: _____
<input type="checkbox"/> Voice	<input type="checkbox"/> Stuttering	Please do not use this form to refer for swallowing concerns. Submit DI requisition directly to QEH/PCH to request a Modified Barium Swallow.
<input type="checkbox"/> Gender-affirming voice & communication services	<input type="checkbox"/> Other: _____	

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, & Throat (ENT)	<input type="checkbox"/> Out of Province Services 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 Sherwood Business Centre, 2nd Floor 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
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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 or contact 1 844 344 8255.