



PRE-K THERAPY REFERRALS (OT, PT, ECP, SLP)

Please include ALL of the following completed forms before sending the referral package:

- Referral Form
- Pediatric History Form
- Consent for Pediatric Services
- Consent to Collect, Use and/or Exchange Information

******Place copies of ALL above forms in the student's cum file******

Once complete, send all referral packages to:

Community Health Services

Pediatric Therapies

#9-711 Centre Street

Meadow Lake, SK

S9X 1E6

If there are any questions, please call: (306) 236-1570