Sioux Lookout First Nations Health Authority

CONFIDENTIAL

PEDIATRIC SERVICES

SERVICE APPLICATION (EXTERNAL)

(0-17 YEARS 364 DAYS)

This **External** form is for caregivers, educators, and other community programs to request pediatric services for a child/ family. SLFNHA and other service providers should use the **Internal** form.

Services are provided through Jordan's Principle funding therefore demographic information will be shared with Indigenous Services Canada (ISC).

Please note the application will be triaged to the most appropriate service(s) based on the information provided.

Child/Youth

Date of birth: Year:_____ Month:_____ Day:_____

Name: Last:_____ First:_____

Preferred name:_____ Pronouns: _____

Community & address: _____

Registration numbers: Band:_____ Health card:_____ Mustimuhw: _____

Guardians/Caregivers

Guardian(s): Name(s):_____ Relationship:_____

Phone number(s): (_____)-_____-_____ (_____)-_____-_____

Mailing address: _____

☐ **Same as above** (check box, skip the rest of this section)

Caregiver(s): Name(s):_____ Relationship:_____

Phone number(s): (_____)-_____-_____ (_____)-_____-_____

Mailing address: _____

I CONSENT TO THE RELEASE OF THIS CHILD/YOUTH'S PERSONAL AND HEALTH INFORMATION IN ORDER TO REQUEST SERVICES THROUGH SLFNHA DEVELOPMENTAL SERVICES AND ITS CONTRACTED SERVICE PROVIDERS.

☐ **I AM A LEGAL GUARDIAN**

☐ **I HAVE RECEIVED VERBAL OR WRITTEN CONSENT FROM A LEGAL GUARDIAN**

Referring Party

Referring Party Name: _____

Relationship to child/youth: _____

Phone:(_____)-_____-_____ ☐Preferred

Fax:(_____)-_____-_____ ☐ Preferred Signature: _____

Email:_____ ☐Preferred Date: _____

Fax completed forms to (807) 737-3734 (can be given to Nursing Station).

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Client/Youth name:_____ **Date of birth:** _____

Reasons for requesting services

Note that we reserve the right to direct the client to the most appropriate initial services based on the information provided

What is the child/youth's **story**? What are you **concerned** about (e.g., at home, school, day care)?

What is or has already been done to **help**?

Is there anything else we should **know**?

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