Regina Qu'Appelle
HEALTH REGION

Children's Program
Wascana Rehabilitation Centre
Referral Form

Referral Source: _____ **Referral Source Phone:** _____

Name of Child: _____

Date of Birth: _____ **Age:** _____ **Health # :** _____

Address: _____

Next of Kin: _____

Phone: (Home) _____ **(Work)** _____ **(Cell)** _____

Reason for Referral: _____

_____

Pertinent Information: _____

_____

General Comments: _____

_____

Information Attached: ☐ **Yes** ☐ **No**

Return to:

Clinic Nurse
Children's Program
Wascana Rehabilitation Centre
2180 – 23rd Avenue
Regina, SK S4S 0A5

Phone: 766-5546
FAX: 766-5189