

TRI-CITIES CHILDREN'S SERVICES REFERRAL FORM

Send completed forms to:

c/o 204 Blue Mountain St., Coquitlam V3K 4H1 Phone: 604-525-8242 Fax: 604-525-3013

**** The family must be aware of the referral and consent to it verbally. Before completing the referral:****

Please initial to indicate that you have spoken to the family, that they are aware of and give consent for this referral and for Simon Fraser Society for Community Living and SHARE Family & Community Services to talk to each other in processing the referral _____.

* For children referred for Speech-Language Therapy: SHARE and Fraser Health provide this service together, sharing a common intake list. As a result, the child's name will be passed on to Fraser Health for joint intake.

REFERRAL FOR:

Date of Referral: _____

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Infant Development Program (<i>birth to 3 years</i>) | <input type="checkbox"/> Supported Child Development Program (<i>birth to 19 years</i>) | <input type="checkbox"/> Speech-Language Therapy (<i>birth to kindergarten entry</i>) | <input type="checkbox"/> Occupational Therapy (<i>birth to kindergarten entry</i>) | <input type="checkbox"/> Physiotherapy (<i>birth to kindergarten entry</i>) |
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REFERRAL INFORMATION

Reason for Referral / Description of Concerns: _____

Name of Referral Source: _____ Phone #: _____

GENERAL INFORMATION

Child's Name: _____ DOB: _____ Age: _____ CCA: _____ M F

Address (incl. postal code): _____

Parent(s) Names: _____ Home Phone #: _____

E-mail: _____ Work / Cell Phone #: _____

Names and Ages of Siblings: _____

If in Foster Care: Name of Legal Guardian: _____ Phone #: _____

Address (incl. postal code): _____

Do you identify this child as having Aboriginal heritage? Yes No

Languages Spoken in the Home: _____ Is an interpreter needed? Yes No

Name of Child Care Program:
 (if child goes to or will go to a program) _____

Family Doctor and/or Specialist(s) Name(s): _____ Phone #: _____

For Office Use Only

Date Received: _____ Referral Taken By: _____

<u>Referral Status</u> W = waitlist A = active service; if A, put initials of staff person involved	IDP	SCD Obs. NR		SLP	PT	OT