



REFERRAL FORM

The Centre offers therapeutic and support services to children with developmental disabilities. We also offer support to children with other special needs and their families. Visit www.the-centre.org or call 604-584-1361, ext 2231 for more information.

Please review and fill out all applicable sections of this form. Further, we need to receive all relevant reports: consultations, letters, hospital reports, etc., from your physicians or therapists to avoid any delays. **This form is fillable. You may complete it on your computer and then print it out.**

CHILD INFORMATION

Name of Child _____ Date of birth _____
Please print First Last YY / MM / DD

Gender: Male Female Other (please specify) _____ Preferred pronouns: _____

Does the child have a diagnosis? No Yes (please specify) _____

The child lives with:

Both parents One parent only Foster Family Other _____

The Legal Guardian for this child is:

Both parents One parent only Gov't Guardian Other _____

Parent(s) or Legal Guardian's Name(s) _____
Please print First Last

Address: _____ City: _____ Postal Code: _____

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

Preferred Email(s): _____

Parent(s), Legal Guardian's, Foster Family's Name(s) _____
Please print First Last

Address: _____ City: _____ Postal Code: _____

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

Preferred Email(s): _____

I consent to receive communications from The Centre for Child Development by email Yes No

I consent to receive communications from The Child Development Foundation of BC, which raises funds to support The Centre for Child Development Yes No

Is the child Indigenous (that is, First Nations, Metis or Inuk)? Yes No They may be eligible for additional services and/or interpreter services.

Language(s) spoken at home: _____ Would an interpreter be helpful? Yes No

(Optional - Child's race / ethnicity: please mark all that apply)

Caucasian Chinese Filipino Korean South Asian Other

Please specify any other ethnicities(s): _____



Name of Child _____

Date of birth _____

Services or Consultations Requested

Please provide specific reasons why you are requesting services or consultations at The Centre. The Centre for Child Development will then determine eligibility and the appropriate service(s) for your child/youth depending on their diagnosis, and any medical reports and other information that we receive.

Communication Therapy Does the child have no meaningful communication? Use only pointing/gesturing? Have problems with being understood or understanding words and sentences? Have difficulty following directions?

Specific Reason(s) or check here if no concerns

If you have concerns about your child's hearing, please contact Fraser Health at: <https://www.fraserhealth.ca/health-topics-a-to-z/children-and-youth/hearing-services-for-children>

Feeding Team **NOTE: A pediatrician(s) referral and medical report is required** Do you have concerns regarding the child's ability to swallow safely, e.g., gagging/coughing, and may have recurrent respiratory infections? Does the child have delayed oral-motor skills resulting in significant problems with nutrition/hydration, tube feeding?

Specific Reason(s) or check here if no concerns

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Key Worker Does the child have a complex neurodevelopmental condition such as Complex Developmental Behavioural Conditions (CDBC), Fetal Alcohol Spectrum Disorder (FASD), or conditions with similar challenges? Children and youth eligible for the Key Worker program have delays in multiple areas of brain functioning such as self-control, daily living skills, attention, decision making and planning, which lead to a significant developmental delay.

Specific Reason(s) or check here if no concerns

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Social Work The Centre is able to provide Social Work Services to a limited number of families facing multiple barriers to access emergency services, funding, and other services.

Specific Reason(s) or check here if no concerns

Occupational Therapy Does the child have problems using their hands with crayons, scissors, or other toys? Does the child have other challenges such as attention span, playing with others, dressing, toileting, or sleeping?

Specific Reason(s) or check here if no concerns

Name of Child _____

Date of birth _____

Physical Therapy Does the child have challenges with body movement, their strength, or muscle tone? Do they have gross motor development challenges such as rolling, sitting, or standing?

Specific Reason(s) or check here if no concerns

Psychology Does your child have behavioural or emotional challenges? Please describe the behaviour in the box below and include when and how often the behaviour is most likely to occur, e.g., tantrums at bath time, anxiety before going to school. Does your child have challenges with social relationships or interactions? E.g., eye contact, friendships, reading social cues, taking turns, demonstrating empathy or emotions.

Specific Reason(s) or check here if no concerns

Supported Child Development Is the child registered for or attending a daycare / preschool / school age program? Do you need help finding a daycare / preschool / school age program? Is the child experiencing difficulties compared to their peers? Is the child in jeopardy of being asked to leave a program? Please provide name of preschool or childcare program if known.

Specific Reason(s) or check here if no concerns

PROFESSIONAL CONTACT INFORMATION

Family Doctor: _____

Phone: _____

Address: _____

Postal Code: _____

Pediatrician: _____

Phone: _____

Address: _____

Postal Code: _____

The Name of the Associated Professional(s) who assisted to make the referral.

Name: _____

Date: _____

Please print First Last

YY / MM / DD

Title/Relationship: _____

Phone (work): _____

Address: _____ City: _____

Postal Code: _____

If referral is not signed by legal guardian, associated professional must check this box confirming the legal guardian has consented to the referral.

Legal guardian should sign Consent to Release and Obtain Information form on page 4 of this referral form. This will enable The Centre to request applicable reports to assist with timely referral processing & service provision.

