

## REFERRAL FORM

Send completed forms to  
204 Blue Mountain St., Coquitlam, V3K 4H1  
Phone: 604-525-8242 Fax: 604-525-3013

Please initial to indicate that you have spoken to the family and they consent to this referral: \_\_\_\_\_

\*For children referred for Speech Language Therapy: TCCS intake worker will share the child's name with Fraser Health to avoid duplication of services.

Please check all that apply

Date of Referral: \_\_\_\_\_  
**Month/Day/Year**

- |  |   |  |   |   |   |
|--|---|--|---|---|---|
| <input type="checkbox"/> Physical Therapy ( <i>birth to kindergarten entry</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"/> Supported Child Development Program ( <i>birth to 19 years</i> ) | <input type="checkbox"/> Key Worker Services ( <i>birth to 19 years</i> ) | <input type="checkbox"/> Infant Development Program ( <i>birth to 3 years</i> ) |
|--|---|--|---|---|---|

Is this child eligible for Aboriginal programs?  Yes  No

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Referral source: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ M F      **DOB:** \_\_\_\_\_ **CCA:** \_\_\_\_\_  
**Month/Day/Year**

Parent Name: \_\_\_\_\_ Contact #: \_\_\_\_\_ Alt#: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact #: \_\_\_\_\_ Alt#: \_\_\_\_\_

Address if different: \_\_\_\_\_

Email: \_\_\_\_\_

If in foster care: Name of Legal Guardian: \_\_\_\_\_ Contact #: \_\_\_\_\_

Address: \_\_\_\_\_

Language spoken in the home: \_\_\_\_\_ Is an interpreter needed?  Yes  No

Family Doctor and/or Specialist Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

If in Child Care or Preschool:

Name of Child Care Program: \_\_\_\_\_ Contact #: \_\_\_\_\_

### For Office Use Only

Date Received: \_\_\_\_\_ Referral Taken By: \_\_\_\_\_

Referral Status	IDP	SCD	KW	SLP	PT	OT
W = waitlist A = active service; if A, put initials of staff person involved						

Updated Jan 2014