

Children's Therapy and Family Resource Centre

Referral for Services

Has the parent or legal guardian consented to this referral? YES NO

Child Information (please print)					
Child's First Name:		Child's Last Name:		Also Known As:	
Date of Birth (MM/DD/YYYY):		Gender/Pronouns		Date of Referral (MM/DD/YYYY):	
Age of Child:		Has this child entered school (either public, private, or home school program)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will enter Kindergarten the upcoming September			
Indigenous Ancestry <input type="checkbox"/> First Nation <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Other					
Family Contact Information					
Primary Contact for Child:			Relationship to Child		Gender/Pronouns
Physical/Street Address:		Mailing Address (e.g. PO Box)		City	Postal Code
Cell/Mobile Number		Alternate Contact Number		Email address	
Other Parent/Caregiver Name(s) (if applicable):			Relationship to Child		Gender/Pronouns
Physical/Street Address:		Mailing Address (e.g. PO Box)		City	Postal Code
Cell/Mobile Number		Alternate Contact Number		Email address	
Legal Guardian Name(s) (if different from parent/caregiver):			Relationship to child		Phone Number
Legal Guardian Address		City		Postal Code	Email Address
Other Information					
Primary Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Others (please list):			Is this family comfortable communicating in English? Spoken <input type="checkbox"/> yes <input type="checkbox"/> no Written: <input type="checkbox"/> yes <input type="checkbox"/> no Would an interpreter be helpful? <input type="checkbox"/> yes <input type="checkbox"/> no		
Name of School (if school aged)			Name of Childcare Setting (if applicable)		
Reason for Request					
Why is this child being referred? What are the concerns or questions? Please give as much detail as possible. There is more space at the end of this form to add comments.					

Other Services

Is this child receiving services from other health professionals or agencies? yes no unknown

If yes, please list them below:

Please complete next form below

Introduction to Services

Dear Parent / Guardian:

Your child is being referred to our centre, and we want to give you some idea of what to expect, and information about your rights and responsibilities related to our services.

What will services look like?

Our services can involve different things, including:

- Assessment of your child's skills and supports
- Talks with you about what you are seeing at home and questions you have
- Trying different strategies with your child in a fun and playful way, and then coaching you so that you can use those ideas at home
- Parent education through workshops and videos

Our goal is not only to help your child, but to teach you how to help your child.

Where will services happen?

We might provide services by telephone, virtually (videoconferencing), or in-person. In-person visits will usually occur at the centre, and visits to the home or other locations are occasionally possible.

If your child is in school or childcare, we can sometimes do the assessment there. However, it is very important that you are involved so we can work together with you.

How often will services happen?

Every child's needs and development are different. Services are based on the priorities and goals that are set with you.

Questions or concerns about services?

You are welcome at any time to give feedback about the services you are receiving. If you have a concern, we encourage you to speak to the person in question directly. If your concern has not been resolved, you can ask to speak to that person's supervisor.

Your Rights

a) The Right to Information

You have the right to:

- Receive copies of all written reports by the CTFRC team about your child.
- See your child's health record anytime by contacting the Centre (Please note: In keeping with the Freedom of Information and Protection of Privacy Act, the Centre does not make copies of reports originating from other agencies.)
- Have complete and unbiased information of assessment and service options.
- Ask questions and receive answers regarding your child's assessment and any aspect of your child's services.
- Receive information in a language that you understand. The Centre will provide interpretation services to families as required.
- Information on community resources that may be suitable and available for your child and your family.

b) The Right to Confidentiality

Information on your child and your family will not be released without the permission of the legal guardian. You have the right to revoke this consent at anytime.

All staff, volunteers and students at the CTFRC sign a Confidentiality Agreement when they are hired. Breaches of confidentiality are grounds for discipline by the Centre as well as by professional colleges or registering bodies.

c) The Right to Refuse Services

The CTFRC team will explain any strategies or assessments they propose or recommend, including any potential risks. You have the right to refuse any service or intervention you believe is not in the best interests of your child or family. You also have the right to discontinue services at any time and request a referral elsewhere.

d) The Right to Provide Feedback

You have the right to express concerns, make complaints or offer compliments. A complaint will not result in the loss of services or any form of retaliation.

Your Responsibilities

- a) **Health and Safety:** Please see the responsibilities you agreed to in the Health and Safety Agreement as part of the CTFRC consent form.
- b) **Cancelled Appointments:** If you are not able to attend your scheduled appointment, you must call reception at 250-371-4100 as soon as possible to cancel the appointment.
- c) **Missed Appointments:** If you miss an appointment without cancelling ahead of time, it is important that you call CTFRC immediately to let them know you are still interested in services. You will have to wait for the next available appointment. If this happens twice, your child will be discharged from services.
- d) **Updated Contact Information:** Please call CTFRC right away if you change your address, phone number or email.
- e) **Updated Consent Information:** Please let CTFRC know if you would like to change or revoke your consent for any part of our services, at anytime.
- f) **Duplication of Services:** It is your responsibility to notify CTFRC if you are receiving therapy services from any other service provider so that we can develop a co-therapy agreement with that provider.

Please complete next form below

CTFRC Consent Form

Child's Name:	Date of Birth:
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Section 1: Consent for Services

- I have read the "Introduction to CTFRC Services" document at the start of this form, and I consent for my child to have services from staff at the CTFRC.
- I have read the section "Your Rights" and "Your Responsibilities" and understand my rights and responsibilities as part of service.

Section 2: Consent to Obtain and Release Information

To provide safe, effective, coordinated services, CTFRC staff may need to share information with your child's other service providers. All information is considered strictly confidential. CTFRC reports are always sent to parent(s) and/or legal guardians. For Speech and Language services, your child's name and date of birth may be shared with Public Health Speech and Language Program to avoid duplication of services.

Please tell us which agencies, service providers, or other support people are currently involved with your child, and whether we have your permission to share information with them about your child. **This might include doctors, school or daycare, other health providers, community support people, foster parents, other relatives, etc.**

<i>Consent to Share Information</i>	<i>Agency/Provider</i>	<i>Specific Name of Agency/Person</i>
<input type="checkbox"/>	Family Doctor	
<input type="checkbox"/>	Pediatrician	
<input type="checkbox"/>	Daycare/Preschool	
<input type="checkbox"/>	School	
<input type="checkbox"/>	Foster Parent(s)	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Any Special Instructions for Sharing of Information?

Section 3: Consent for Virtual Services

As part of our services, we often use email and videoconferencing as tools for assessment, consultation and communication with families and other team members. We also provide appointment notifications via text and/or email. Please indicate below if you consent to these types of communication regarding your child:

Texting No Yes

Videoconferencing (Teams or Zoom) No Yes

Email No Yes **If yes, please provide email address:**

Section 4: Consent for Audio/Visual Records

As part of our service provision, we sometimes need to take pictures or videos as part of the child's treatment. Any photos or videos will be stored in a secured location and will only be shared with team members who have been approved to receive information about your child, when sharing is deemed important to your child's care.

Do you consent to CTFRC staff taking photos/videos of your child for treatment purposes? No Yes

Section 5: Consent for Toileting Needs

For children in the **Supported Child Development Program**, CTFRC staff may be required to help with toileting needs for your child.

Do you consent for CTFRC staff to assist your child with toileting needs? No Yes N/A

Section 6: Resource Loan Agreement

Our centre has different types of resources (therapy tools) that can be loaned to families if they are recommended for your child's program. If you would like to borrow any materials, we need you to agree to the following terms by checking the box below:

- To return the items you borrow by the due date, in clean and good working condition
- To ensure proper use and supervision while using any borrowed equipment
- To agree to pay for the cost of any item that you lose or damage
- Children's Therapy and Family Resource Centre is not responsible for any injuries or damage that may result from the non-intended use of this equipment or item.

I agree to the above terms if I choose to borrow resources from the Children's Therapy and Family Resource Centre

Section 7: Health and Safety Agreement

The health and safety of our staff and your child is very important while we are providing services. Our staff will commit to using only safe practices when working with your child, and we require you to also agree to the following terms when your child is receiving services:

1. If your child or anyone accompanying your child to a visit has symptoms of active illness (e.g. fever, acute cough, vomiting, diarrhea, nasal discharge), you will reschedule any in-person visits.
2. If our staff are visiting your home, you will:
 - a. Refrain from any form of smoking for at least one hour prior to the visit
 - b. Keep any pets in a separate room during the visit
 - c. Keep any firearms in a locked storage space
 - d. Notify our staff if there are any risks related to their physical safety (e.g. violence, aggression, restraining orders, etc.)
 - e. Notify our staff if there is no cellular service available at your home

I agree to the above terms when my child is receiving services

Parent/Guardian Signature

Please note: **Only one parent/guardian is required to sign in most circumstances.**

Consent is valid until your child is discharged from services. It can be reviewed or changed at any time.

Please let us know if your consent needs to change.

Name of Guardian 1: (Please print)

Signature of Guardian 1: (electronic signature acceptable if completed online)

Relationship to Child:

Email:

Today's Date:

Name of Guardian 2: (Please print)

Signature of Guardian 2: (electronic signature acceptable if completed online)

Relationship to Child:

Email:

Today's Date:

Please complete next form below

Intake Form

Child's Name:	Date of Birth:
Health & Medical Information	
Is there any medical or health information you feel we should know? If so, you can send us any report from other service providers to reception@ctfrc.com .	
Pregnancy and Birth History (If you feel this information is not relevant to your child's needs it is optional)	
Was there anything about the pregnancy or birth that you think we should know? Please describe:	
Birth Weight (please indicate pounds or kilograms):	Gestational Age (how many weeks at birth):
Was there any known fetal exposure to alcohol and/or drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown If yes, please provide details:	
Medical History (If you feel this information is not relevant to your child's needs it is optional)	
Does your child have a diagnosis?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):
Has your child been seen by a specialist or multiple specialists?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):
Does your child use any medication or have any allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):
Has your child had any major injuries or hospitalizations?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):
Are there any current health concerns or tests being done?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):
Hearing (if you feel this information is not relevant to your child's needs it is optional)	
Was hearing tested at birth? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, were any of the following recommended: Follow up and/or monitoring <input type="checkbox"/> No <input type="checkbox"/> Yes A hearing device <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide details: Is there a history of ear infections? <input type="checkbox"/> No <input type="checkbox"/> Yes Do you have any concerns about your child's hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide details):	
Vision (if you feel this information is not relevant to your child's needs it is optional)	
Has vision been tested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, was the following recommended: Follow up and/or monitoring <input type="checkbox"/> No <input type="checkbox"/> Yes Do you have any concerns about your child's vision? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide details):	
Child's Strengths	
What things or activities does your child enjoy?	

What brings a smile to your face when you think about your child?

Other Questions to Provide More Information (please answer only the questions you feel apply to your child and family, or to your concerns)

If your child is an infant and you have concerns about the baby's head shape or neck position, please describe:

Flattening: Left Right Back

Neck/Head Position: Left Right

Other:

How does your child move around and explore their environment (e.g. rolling, crawling, walking, running, jumping, climbing)? Please specify:

How does your child use their hands to explore and use objects (e.g. pick up and use toys, feed themselves, get dressed, colour)? Please specify:

How is your child dealing with their sensory environment (e.g. touch, sounds, movement)? How do they respond when these things happen? Please specify:

How does your child let you know what they want (e.g. gestures, actions, words, sentences, etc)? Please specify:

How well does your child understand what you say (e.g. can they follow directions? Respond to questions?)? Please specify:

Do you and/or others find your child difficult to understand? Have you noticed specific sound errors? Please specify:

How does your child interact with other children and adults? Please specify:

How is eating and drinking going for your child and family? Please specify:

How are grooming and dressing routines going (e.g. toothbrushing, toileting, bathing)? Please specify:

How is sleep going for your child and family? Please specify:

How is your child doing with following routines or directions at home (e.g. getting ready for bed, coming for meals, cleaning up after play)? Please specify:

How does your child manage when they are frustrated or feeling big emotions? Please specify:

How is your child doing with learning new things (e.g. how to use toys, colours, body parts, shapes, letters, etc.)? Please specify:

Do you have concerns about their safety at home or in the community? If so, why?

How is your child doing with playing and having fun? Please specify:

How do things go when you take your child out in the community (e.g. stores, parks, activities, other homes)? Please specify:

Have there been any concerns expressed by childcare or school (if applicable)? Please specify:

Is there anything about your family you think we should know to help us provide better services (e.g. culture, family schedule, major events)?

What supports do you have available for your family (e.g. extended family, friends, etc.)? Please explain:

Please complete next form below

Initial Family Priorities

What are the most important things you want to see change in the next 3-6 months? Please choose your top priorities. You are not required to choose more than one priority. This helps us to set goals with you for your child.

What Would You Like to See Change?

How is this currently going?

Just Starting Out

Getting There

Got It!

1

2

3

4

5

6

7

8

9

10

Where would you like this to be in 6 months?

Just Starting Out

Getting There

Got It!

1

2

3

4

5

6

7

8

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Completed paper forms can be submitted to Reception via email at reception@ctfrc.com, via fax at (250) 371-4120, or dropped off at Children's Therapy and Family Resource Center located at 801 McGill Road.

If you have questions, please contact one of our Family Support Consultants at 250-371-4100 or at the email addresses below.

Lorna Sevigny, FSC
Ext 203
lsevigny@ctfrc.com

Sandra Klausung, FSC
Ext 207
sklausung@ctfrc.com