

Children's Therapy & Family Resource Centre

Referral for Services for Other

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

Child Information (please print)			
Child's First Name:	Child's Last Name:	Date of Birth (MM/DD/YYYY):	
Date of Referral (MM/DD/YYYY):	Age of Child:		
Family Contact Information			
Legal Guardian Name(s) (if different from parent/caregiver):		Relationship to child:	Phone Number:
Legal Guardian Address:	City:	Postal Code:	Email Address:
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.			
Health and Medical Information			
Is there any medical or health information we should know? Please send us any reports you may have from other service providers to reception@ctfrc.com .			
Referral Source Information (if not parent):			
Your Name:		Relationship to Child/Profession:	
Name of Agency/Facility Making Referral:		Main Contact Person for Agency:	
Mailing Address:		City	Postal Code
Phone Number:		Email Address:	
Additional Information:			
Do you have any other information to add?			

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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.

For those making a referral **on behalf of** a family/child: once this request is received by our centre, we will contact the family to complete a consent form and intake questionnaire. If the family might need help with this process, please encourage them to call our centre at 250-371-4100.

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