

# DOGWOOD PLACE

## Child and Youth Development Centre



Child Parent Connections  
Infant Development Program  
Speech and Language Program

Occupational Therapy Program  
Physiotherapy Program

Community Access Services  
FASD Key Worker  
Supported Child Development Program

### REFERRAL FORM

Date: \_\_\_\_\_

Please indicate which program(s) you are referring to. Please **v**

- Infant Development Program (birth to 3 yrs.)       Speech and Language Program (birth to school entry)  
 Occupational Therapy Program (birth to school entry)       Physiotherapy Program (birth to school entry)  
 Supported Child Development Program (birth to 12 yrs.)       Fetal Alcohol Spectrum Disorder Key Worker (birth to 19 yrs.)

Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_

B.C. Care Card-Personal Health Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age at referral: \_\_\_\_\_  
(Month/day/year)

Name of parent/guardian \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Referral Source (Name or Agency): \_\_\_\_\_ If agency, contact name: \_\_\_\_\_

Referral Source address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Reason for referral (please complete this section): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the parent/guardian agree with this referral?       Yes       No

Would child qualify for Aboriginal services?       Yes       No

Is this child attending a child care centre?       Yes       No       Waitlisted

Name of centre \_\_\_\_\_ Days and times attending: \_\_\_\_\_

C.C.: \_\_\_\_\_



301 Dogwood Street, Campbell River, B.C. V9W 2Y1

Phone: 250-286-0955 Fax: 250-287-2676

www.cradac.bc.ca

Administered by the Campbell River and District Association for Community Living