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| **Patient Information:** | **Primary Contact Information:** |
| Patient Name |  | Contact Name: |  |
| Street Address |  | Telephone |  |
| City, Postal Code |  | Email |  |
| Telephone |  | Relationship: | * Parent/Guardian
* SDM
* Other:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please specify) |
| Health Card # |  VC: |
| Date of Birth (DD-MM-YY) |  |
| Sex ☐ M ☐ F ☐ Prefer not to disclose Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Reason for Referral** (check all that apply or provide details below): |
| * Functional decline
 | * Academic performance
 |
| * Challenging behaviour (aggression, self-injury, sexual)
 | * Adjustment/grief
 |
| * Family/Caregiver issues
 | * Mood
 |
| Describe: |
| Please list diagnoses:  |

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| **Please specify the type of service needed (check all that apply):** |
| \*\*Please note additional documentation requirements associated with certain services (outlined below) and attach forms as indicated. Referrals with missing documentation will be returned\*\* |
| [ ]  **Psychiatry** (Physician referral only) | [ ]  **Psychology** (Fee for service only) | [ ]  **Occupational Therapy**(Fee for service only) |
| [ ]  **Consultation** (Psychiatric/ behavioural concerns; medication review)\*\*Confirmation of ID diagnosis required for ongoing psychiatric care; single consult offered for those with confirmed ASD only. \*\*Please attach the following information: medication list, lab reports, medical history, neuroimaging, specialist reports. | [ ]  **Diagnostic Assessment**(ID, ASD, mental health, educational, sexual/risk)[ ]  **Individual Psychotherapy** [ ]  **Family/Caregiver Therapy**[ ]  **Consultation**  | [ ]  **Assessment** (functional/independent living, self-care, sensory processing, vocational, leisure)[ ]  **Individual Therapy** (skill development, promoting participation/ independence)[ ]  **Family/Caregiver Support**[ ]  **Consultation**  |

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| Referrer Name (print):  | Referrer Signature: | Date of Referral: |
| Physician Billing # (if applicable):  | Tel: | Email: |