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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: |