



DOGWOOD PLACE

Child and Youth Development Centre

Family Resource Program
Infant Development Program
Speech and Language Program

Occupational Therapy Program
Physiotherapy Program

Community Access Services
FASD Key Worker
Supported Child Development Program

REFERRAL FORM

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

- Infant Development Program (birth to 3 years)
- Speech and Language Program (birth to school entry)
- Physiotherapy Program (birth to school entry)
- Occupational Therapy Program (birth to school entry)
- FASD Key Worker (birth to 19 years)
- Supported Child Development Program (birth to 12 years)

Date: _____

Client Name: _____

B.C. Care Card - Personal Health Number: _____

Birthdate: _____ Age: _____ Sex: _____
(Month/Day/Year)

Address: _____

City: _____ Postal: _____

Mailing Address (if different): _____

Phone: Home: _____ Work: _____ Cell: _____

E-mail: _____

Parents/Guardians Names (please circle one):

Mother/Guardian: _____ Father/Guardian: _____

Family Physician: _____ Physician Phone Number: _____

Referral Source (Name/Agency): _____

Referral Source Address: _____

Reason for Referral: _____

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

Child is attending child care centre? Yes No Waitlisted

Name of centre: _____

Days and times attending: _____

Would child qualify for Aboriginal Services? Yes No

c.c. _____

Form: 013 Revised: January 2017



301 Dogwood Street, Campbell River, B.C. V9W 2Y1 Phone: 250-286-0955 Fax: 250-287-2676

www.cradacl.bc.ca

Administered by the Campbell River and District Association for Community Living