

INCLUSION LANGLEY SOCIETY

Child Development Services
#203 5171 221A Street
Langley, B.C. V2Y 0A2
Tel: 604-534-1155 Fax: 604-534-1814

Referral Form

Name of Child:	Date of Referral (m/d/y):	Referral Source (name/title):	Client #:
Birth Date (m/d/y):	Gender:	Birth Weight:	Gestational Age:
Foster: <input type="checkbox"/> Yes <input type="checkbox"/> No	Indigenous Heritage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity/Language:	Public Health #:

Reason for Referral (check ALL that apply AND provide DETAILS)

- | | | |
|--|--|--|
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Prematurity | <input type="checkbox"/> Neurological abnormalities |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Feeding | <input type="checkbox"/> Metabolic condition |
| <input type="checkbox"/> Gross motor | <input type="checkbox"/> Vision | <input type="checkbox"/> Genetic condition |
| <input type="checkbox"/> Fine motor | <input type="checkbox"/> Hearing | <input type="checkbox"/> Prenatal substance exposure |
| <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Seizures | <input type="checkbox"/> Specific diagnosis _____ |
| <input type="checkbox"/> Challenging behaviors | <input type="checkbox"/> Autism - <input type="checkbox"/> risk factors <input type="checkbox"/> diagnosed | <input type="checkbox"/> Other |

DETAILS:

Legal Guardian: ☐ Both parents ☐ Mother only ☐ Father only ☐ Social Worker ☐ Other:

**Inclusion Langley Society reserves the right to request any court orders/agreements regarding custody and/or guardianship.*

Parent/Guardian (first and last name):	Parent/Guardian (first and last name):	
Address:	City:	Postal Code:
Phone:	Email:	
Siblings (name and birth date):		

Professionals/Agencies Involved (name/title)	
Family Physician:	Daycare/Preschool:
Paediatrician:	SMH:
Langley Health Unit:	BCCH:
TCCD:	
Social Worker:	

Additional Information (cultural, religious observances, interpreter needed?):	
Parent/Guardian Aware of Referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Signature:

Revision Date: February 2020

We recognize and acknowledge the Kwantlen First Nations, Katzie First Nations, Matsqui First Nations and Semiahmoo First Nations on whose traditional and unceded territories we live, we learn, we play, and we do our work.