inclusion
langley society
Believing. New Beginnings. Belonging.

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: ☐ **Yes** ☐ **No**	**Indigenous Heritage:** ☐ **Yes** ☐ **No**	**Ethnicity/Language**:	**Public Health #:**

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

- ☐ **Cognitive**
- ☐ **Communication**
- ☐ **Gross motor**
- ☐ **Fine motor**
- ☐ **Social/Emotional**
- ☐ **Challenging behaviors**
- ☐ **Prematurity**
- ☐ **Feeding**
- ☐ **Vision**
- ☐ **Hearing**
- ☐ **Seizures**
- ☐ **Autism -** ☐ **risk factors** ☐ **diagnosed**
- ☐ **Neurological abnormalities**
- ☐ **Metabolic condition**
- ☐ **Genetic condition**
- ☐ **Prenatal substance exposure**
- ☐ **Specific diagnosis**_____
- ☐ **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? ☐ **Yes** ☐ **No**	**Parent/Guardian Signature**:

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.

Revision Date: June 2020