

INCLUSION LANGLEY SOCIETY

Formerly: Langley Association for Community Living and Langley Child Development Centre

Child Development Services

#203 5171 221A Street

Langley, B.C. V2Y 0A2

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:
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