



# Children's Therapy Collective Referral Form

## Child & Parent Information:

Child's Name:	Child's DOB:
Child's Gender:	Child's Preferred Pronouns:
Child's Home Address:	
Child's School:	Grade:
Name of Parent(s)/Caregiver(s):	
Parent/Caregiver Email Address:	
Parent/Caregiver Phone #:	

## Please fill out section below if child is involved with Child and Family Services:

Legal Guardian (if different from above):
Legal Guardian Email Address:
Legal Guardian Phone Number:
Agency Name:

## Clinical Services:

Please select the service(s) that you are referring the child to:

- |   |  |
|---|--|
| <input type="checkbox"/> Physiotherapy        | <input type="checkbox"/> Speech-Language Pathology |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Counselling               |
| <input type="checkbox"/> Therapy Aide         |  |

## Reason for Referral:

Please describe the reason(s) for referral.

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**Referral Source:**

Name of Person Completing Referral: \_\_\_\_\_

Role: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Funding Sources:**

Please indicate how you anticipate the services will be funded:

- Jordan's Principle
- CFS Agency
- Variety Children's Charity
- Out of Pocket
- Extended Health Benefits
- Other \_\_\_\_\_

Children's Therapy Collective is able to assist with funding applications as required. We will be in contact once the referral is received in order to determine if anything is needed from our practice to complete the application.

**Signature:**

I consent, by my signature, to have the child be referred to the services indicated on the form. I am aware that I am able to withdraw consent at any time.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please note that if the referral is signed by someone other than the legal guardian of the child, Children's Therapy Collective will be in contact with the legal guardian before proceeding with services.

**Please send completed referrals to [info@childrentherapycollective.com](mailto:info@childrentherapycollective.com), or by fax to 431-305-5704.**

The information in this form is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Act (PHIA). This information may also be shared under the Provisions of the Protection of Children (information sharing) Act (PCISA).