

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):	
Birth Date (m/d/y):	Gender:	Birth Weight:	Gestational Age:	
Foster: <input type="checkbox"/> Yes <input type="checkbox"/> No	Aboriginal Heritage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnicity/Language:	

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: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Social Worker <input type="checkbox"/> Other: <i>*Inclusion Langley Society reserves the right to request any court orders/agreements regarding custody and/or guardianship.</i>		
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: