



Child & Adolescent Mental Health Clinic Referral Form

Person sending referral

Name: _____ Date of request: _____
Position: _____
Phone number: _____

***** EACH QUESTION ON THE FORM MUST BE COMPLETED*****

Have you explained the multidisciplinary team members to the parents? Y or N
Have you suggested to the parents to have the child seen by their family doctor/NP? Y or N

Is the child displaying symptoms of ADHD, anxiety or depression? Y or N
If so, which one? _____

Client information

Name: _____ Date of birth (yy/mm/dd): _____
Age: _____ Gender: M or F

Is there a custody agreement in place? Y or N If yes, primary caregiver: _____
Primary caregiver/parent: _____ Caregiver/parent 2: _____
relationship: _____ relationship: _____
phone # _____ phone # _____
email address: _____

Siblings (include names, ages and gender):

Others living in the house (include names, ages and gender):

School: _____ Grade: _____

Family Doctor:

Mental Health Therapist (if applicable):

School Counsellor:

School assessments (OT, speech), supports, IPP:

Has this child been referred to the Glenrose Mental Health clinic? Y or N

Others involved (psychiatrist, psychologist, child services, etc):



Current concern(s)

Reason(s) for referral:

Current/previous diagnoses (please specify current vs. previous and from whom):

Current and/or previous medications (please specify current vs. previous and from whom):

Current/previous treatments or programs (school programs, FSCD, CASA, etc):

Goals of referral:

Please fax referral to: 780-826-6362 Attn: Kendra Krankowsky

FOR CLINIC USE:
Clinic intake # _____
Call(s) to primary parent: date/time: _____ _____ _____
Intake appointment booked. Date/time: _____ Rating scales: <input type="checkbox"/> needs scales <input type="checkbox"/> for pick up front desk <input type="checkbox"/> emailed <input type="checkbox"/> will come early to complete
If custody agreement in place – y or no details: _____
are both parents aware of appointment - y or n If no, explain _____
Reason if intake not booked: _____ _____