

Lansdowne Children's Centre



39 Mount Pleasant Street, Brantford, ON N3T 1S7
Phone: (519) 753-3153

REFERRAL FORM

CHILD'S NAME DATE

ADDRESS

CITY POSTAL CODE COUNTY

PHONE E-MAIL

DATE OF BIRTH (m) / (d) / (y) SEX M F

HEALTH CARD NO

PARENTS/GUARDIAN NAMES

DIAGNOSIS / PRESENTING PROBLEM

DETAILED EXPLANATION OF REASON FOR REFERRAL

ARE YOU CURRENTLY OR HAVE YOU RECEIVED SERVICES IN THE PAST FROM

LANSDOWNE CHILDREN'S CENTRE YES NO

REFERRAL FOR:

- | | |
|--|---|
| <input type="checkbox"/> PHYSIOTHERAPY | <input type="checkbox"/> SPECIAL SERVICES AT HOME |
| <input type="checkbox"/> OCCUPATIONAL THERAPY | <input type="checkbox"/> RESPITE CARE |
| <input type="checkbox"/> SPEECH THERAPY | <input type="checkbox"/> EVERY KID COUNTS |
| <input type="checkbox"/> KIDS COUNTRY INN | |
| <input type="checkbox"/> CHILD DEVELOPMENT PROGRAM | |
| <input type="checkbox"/> EARLY INTEGRATION PROGRAM | |

NAME OF DAYCARE

DO YOU WISH A SPECIFIC REVIEW BY CENTRE PAEDIATRICIAN / MEDICAL DIRECTOR?

YES NO (NOT DONE IN ALL SITUATIONS)

