

Child's Name	DOB (DD/MMM/YYYY)	File #

Common Referral Intake Form

1. Referral Source											
Parent/ Legal Guardian							Date (DD/MMM/YYYY)				
Other Referral Source		BLV	Child Care	Child Welfare	CITYKIDS	CMH	EA	HBHC	Hospital		
IHP LHIN		Physician	School	SNRS	TPH	Other _____					
Name											
Agency/Position					E-mail						
Telephone					Fax						
2. Consent for the Referral											
If the referral source is someone other than the family, the referral has been discussed and confirmed with the family Yes											
3. Individual/Child's Information											
Last Name					First Name						
Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.											
Single Name											
AKA							Gender Identified				
							Female Male Other				
D.O.B. (DD/MMM/YYYY)		Age at Referral		Gestation	Birth weight		Health Card #				
Address (Street #/ Name)					Apt/Unit	City		Postal Code			
Primary Phone Number					Main Intersection						
Pertinent birth information											
Primary language spoken at home					Other languages spoken at home						
Interpreter Needed		Name/ Phone Number of someone who could interpret									
Yes No TTY											
Considerations	French language service			Aboriginal service		Other					
Physician information (place stamp here)					Physician Information						
					Name						
					Phone						
					Fax						
Physician Signature (referring physicians) _____					Address						
4. Parent/Legal Guardian 1 (primary contact)											
Last Name					First Name						
Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.											
Single Name											
Check if same address information as above											
Address (street #/Name)					Apt/Unit	City		Postal Code			
E-mail											
Primary Phone			H	C	W	Alternate Phone			H	C	W
Relationship to child		Parent	Legal Guardian (describe)				Other				
Child lives with	Both Parents		Parent 1/ Legal Guardian		Parent 2/ Legal Guardian		Custody Arrangement (where applicable)				
Other							Shared Custody		Sole Custody		

