



## Referral Form

<b>Service Type:</b> (Choose all that apply)	<input type="checkbox"/> Child(ren) age 3 – 5 <input type="checkbox"/> Child(ren) age 9 – 12 <input type="checkbox"/> Child(ren) age 6 – 8 <input type="checkbox"/> Child(ren) age 13 – 18+ <input type="checkbox"/> Caregiver
<b>Individual / Parent / Caregiver Information:</b>	(1) Name: _____ Phone: _____ (H): _____ (C): _____ Other: _____ Address: _____ Email: _____
	(2) Name: _____ Phone: _____ (H): _____ (C): _____ Other: _____ <input type="checkbox"/> Same as Parent (1) Address: _____ Email: _____

Name of Referred Individual(s)	Date of Birth (dd / mmm / yyyy)	Gender	Diagnosis (i.e.: FASD, Learning Disabilities, Celiac, ADHD, Depress, Anxiety, etc.)
1. _____	____ / ____ / ____	_____	_____
2. _____	____ / ____ / ____	_____	_____
3. _____	____ / ____ / ____	_____	_____
4. _____	____ / ____ / ____	_____	_____
5. _____	____ / ____ / ____	_____	_____

<b>Date of Referral:</b> _____	<b>Referral Source:</b> _____
<b>Distinct Culture:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	<b>Immigrant / Refugee:</b> <input type="checkbox"/> No <input type="checkbox"/> More Than 3 Years <input type="checkbox"/> Less Than 3 Years
Are/is individual/parents aware of this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have/has individual/parents provided permission for program personnel to contact referral source to confirm their engagement with the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

<p>Please fax, call, email, mail, or deliver this form to:</p> <p><b>FASD Connect</b>          Bridges Family Programs          477 – 3<sup>rd</sup> Street SE, Medicine Hat, Alberta T1A 0G8          Fax: 403 – 504 – 2459    Phone: 403 – 526 – 7473    Email: FASD.bridges@memlane.com          If you wish to inquire more about services and/or waitlist please contact the program directly.</p>
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**Referral Form**

Reason for Referral	
(e.g., FASD information, Caregiver network, group(s) for families, etc.)	

Community Services Involvement:	
Additional Information:	

Office Use Only	FCC Name	Date Assigned	# of weeks on W/L	<input type="checkbox"/> W/L Resources sent <input type="checkbox"/> Declined / N/A
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