

# 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)

