767 11TH Ave, Castlegar, BC, V1N 1J7
250-365-5616 ~ 1888-644-5616
Fax: 250-365-5792
www.kootenayfamilyplace.org

EARLY INTERVENTION SERVICES REFERRAL FORM

REFERRAL DATE: _____ PARENT CONSENTS TO REFERRAL: ☐

PARENT GIVES CONSENT FOR KFP TO CONTACT REFERRAL SOURCE IN REGARD TO THIS REFERRAL ☐

PLEASE CHECK OFF REQUESTED SERVICES	**Supported Child Development Program** (West Kootenay Boundary) ☐	**Infant Development Program** (Castlegar, Trail, Rossland, Nelson & areas & Slocan Valley to Nakusp) ☐
Physiotherapy (Castlegar and Trail) ☐	**Occupational Therapy** (Castlegar and Trail) ☐	**Speech Therapy** (Castlegar area & Nakusp area) ☐

CHILD: _____ **DOB:** _____ **GENDER:** _____

FOSTER CHILD: ☐ **YES** ☐ **NO** **ABORGINAL HERITAGE:** ☐ **YES** ☐ **NO**

PARENT/CAREGIVER(1): _____ **Cell Phone**: _____

Home/Work Phone: _____ **Email:** _____

Address: _____ **City:** _____ **Postal:** _____

House directions: _____ **Safety Factors in home:** _____

PARENT/CAREGIVER(2): _____ **Cell Phone:** _____

Home/Work Phone: _____ **Email:** _____

Address: _____ **City:** _____ **Postal:** _____

House directions: _____ **Safety Factors in home:** _____

REFERRAL SOURCE: _____

PHONE: _____ **EMAIL:** _____

For infants, only: Gestational Age: _____ APGARS: _____ Birth Weight: _____

REASON FOR REFERRAL:

OTHER SERVICE PROVIDERS (ex. Pediatrician, Physiotherapist, GP):

Revised: October 2021