KidsInclusive EnfantsInclus
Centre for Child & Youth Development
Centre du développement des enfants et des adolescents

School-Based Services Referral

CONFIDENTIAL

Fax to 613-545-3557 Questions? Call 613-544-3400 x 3175 or Toll Free: 1-855-544-3400 ext. 3175

Services Requested:	Occupational Therapy ☐ Physiotherapy ☐ Speech Therapy ☐	Referrals will not be processed without the following supporting documentation and reason for referral: **SLP Report** AND/OR **OT/PT Additional Information Form**

A. Child / Youth Demographics:

Last Name:	First Name:
Date of Birth (dd/mm/yyyy):	Gender:
Address:	City: Postal Code:
Parent/Guardian Name:	
Legal Guardian: Y ☐ N ☐ Living With Child: Y ☐ N ☐	Relationship:
Address: Same ☐	City: Postal Code:
Check Preferred # ☐ Home #: ☐ Cell #: ☐ Work #:	
Parent/Guardian Name:	
Legal Guardian: Y ☐ N ☐ Living With Child: Y ☐ N ☐	Relationship:
Address: Same ☐	City: Postal Code:
Check Preferred #: ☐ Home #: ☐ Cell #: ☐ Work #:	
Custody Arrangements: Joint ☐ Sole ☐ No Agreement ☐ Formal Agreement ☐ Family &Children Services ☐ Comments/Details:	

B. Additional Information:

Language(s) Spoken:	Interpreter Required: Y ☐ N ☐
Diagnosis (if any):	Physician(s): Phone:
Allergies (if any):	Other:

C. Referral Source Information: (Reason for referral must be included in supporting documentation)

School ☐ Parent ☐ Other ☐ Please specify:	
Name:	Contact Info:

D. School Information:

School Board: LDSB ☐ ALCDSB ☐ UCDSB ☐ CEPEO ☐ CECCE ☐ CDSBEO ☐		
School:	City:	
Resource Teacher:	Classroom Teacher:	Grade:
School Principal/Designate:	Phone:	Fax:

E. Consent to Referral: (To be completed by the parent/legal guardian or client (if over 16 years of age)

I consent to this referral and understand that accompanying information will be sent to KidsInclusive to arrange services at school for my child. I understand that I can withdraw consent at any time by notifying KidsInclusive in writing.

Name of Parent/Legal Guardian/Client (Please Print): _____

Signature: _____ OR Verbal consent obtained by: _____

Date (dd/mm/yyyy): _____

Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston
Hôpital Hotel Dieu Hospital
KGH Hôpital Général de Kingston General Hospital