



Lachine Community Social Pediatrics Center
REFERRAL

REFERENT	
THIS REFERRAL IS MADE BY: Collaborator <input type="checkbox"/> parent <input type="checkbox"/> Today's date:	
First and last name (profession) :	Establishment :
Telephone :	E-mail :

Child who is referred			
Last name :		Borough : <input type="checkbox"/> Lachine	
First name :		Child live with :	
Sexe :	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Spoken languages :	Immigration statut :
		French <input type="checkbox"/> English <input type="checkbox"/> Other : _____	
Date of birth:		Medicare number and expiry date Or PFSI :	
Child goes to : daycare <input type="checkbox"/> School <input type="checkbox"/> None <input type="checkbox"/>			
Which daycare/school :		If at school, which level? :	
Brothers or sisters, age, date of birth :			
<i>Please fill out one referral for each child you wish to refer to the Center.</i>			

PARENTS	
Last name :	Last name :
First name :	First name :
Adress :	Adress :
E-mail :	E-mail :



Telephone :

Telephone :

Reference Reasons

How did you hear about the Lachine community social pediatrics center?

Family situation: *(separation / single parent, difficulties, shared custody...)*

Medical situation:

Family doctor and/or pediatrician: yes No

If yes, name and whereabouts:

Identified medical needs and/or known diagnostic(s) :

Psychosocial needs :

Is the child currently being followed by a professional at the CLSC, social services, or a community center?

Yes No

If you answered yes to the above question, please indicate the name and whereabouts of the partners involved with the child/family and a brief description/reason for the services offered:

Any previous following by the above-mentioned partners? yes no

If you answered yes, please state the reason for the anterior follow-ups:



Would they accept CLSC follow ups: Yes No

Reason :

Family expectations / Child expectations for the follow ups at our center:

Complimentary information from a referent:

**If you wish to supply us with additional information, you may annex it to this form*

Consentement to the referral

The parents' consent to this referral (or a child 14 years of age or over) and authorize _____ (name of referent) from _____ (name of establishment) _____ to send the information needed to analyze this request and referral to the Lachine community social pediatrics center.

Verbally on this date: _____

Signed by the parents (or by the child 14 years of age or older)

**If the parents are separated or divorced, please get this signed by both parents.*

Please send this completed document by email to CPSCdelachine@hotmail.com



Partie réservée au CPSC de Lachine

Pré-évaluation faite le :

1^{ère} Évaluation/Orientation fixée le :

Médecin :

Travailleuse sociale :
