



4807 Georgia Street, Delta, BC V4K 2T1 • Tel: (604) 946-0401 • Fax: (604) 946-8429 • www.gatewaysociety.org

## BEHAVIOUR SUPPORT SERVICES REFERRAL FORM

**Date of Referral:** \_\_\_\_\_

**Child: (full legal name)** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Living with:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Guardianship or Custody arrangements if applicable:**  
\_\_\_\_\_  
\_\_\_\_\_

**Family Members:**  
**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cultural Considerations:** \_\_\_\_\_  
**Language spoken at home:** \_\_\_\_\_  
**Interpreter Required:** \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If yes, will be provided by (name & number):** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_  
**Doctor's Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Most Recent Diagnostic Report Included:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Facilitator:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Completed by:** \_\_\_\_\_

**District Office:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**REASON FOR REFERRAL:**

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**Give a brief description of the presenting behaviours or concerns and how it affects the child and family functioning at home, in the school and the community:**

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**Has the family received behavioural support services in the past?**

Yes  No

**If yes, please list the agency and dates services were received:**

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**Please list all current services being received from CLBC:**

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**Professionals and Other Agencies Involved:**

**Name:**

**Agency:**

**Telephone:**

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**Describe the Health of the Child:**

**Medical Concerns:**

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**Current Medications:**

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**Allergies:**

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**Sleep Pattern:**

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**Eating Pattern:**

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**School Information:**

**School Name:**

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**Grade:** \_\_\_\_\_ **Type of class:** \_\_\_\_\_

**Principal:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Other Contact Person (i.e.: support staff):** \_\_\_\_\_

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**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Child's Strengths:**

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**Extra Curricular Activities and Special Interests:**

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**Other Reports included with this referral:**

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**Consent to Release Information form included:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Facilitator:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Community Living British Columbia**