

The Children's Foundation
ALDERWOOD FAMILY DEVELOPMENT CENTRE

Located at: 2750 EAST 18TH AVENUE,
 VANCOUVER, B.C. V5M 4W8

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REFERRAL TO ALDERWOOD

PLEASE LEAVE *SHADED AREAS BLANK – TO BE COMPLETED BY THE ALDERWOOD WORKER AT ALDERWOOD INTAKE

DATE COMPLETED:	MCFD SOCIAL WORKER:	SOCIAL WORKER DISTRICT OFFICE:	
*ALDERWOOD WORKER ASSIGNED:	*DATE FACE SHEET LAST UPDATED:	SOCIAL WORKER MAILING ADDRESS:	
*DATE REFERRAL RECEIVED AT ALDERWOOD:	*ALDERWOOD INTAKE DATE:	SOCIAL WORKER TELEPHONE:	SOCIAL WORKER FAX:

SECTION I – CHILD AND FAMILY

LEGAL NAME IN FULL:	KNOWN AS:	D.O.B.:	GENDER	CARECARD#:
PRIMARY CAREGIVER(S) (NAME OF PERSON(S) CHILD LIVES WITH)		RELATIONSHIP TO CHILD:		
ADDRESS:		HOME PHONE:	WORK PHONE:	
PARENTS (IF DIFFERENT FROM ABOVE):		CONTACT RESTRICTIONS:		
ADDRESS:		HOME PHONE:	WORK PHONE:	
PARENT LIVING ELSEWHERE:		ADDRESS:		
INVOLVED WITH CHILD?: <input type="checkbox"/> YES <input type="checkbox"/> NO		HOME PHONE:	WORK PHONE:	
CONTACT RESTRICTIONS:				

OTHER FAMILY MEMBERS AND SIGNIFICANT ADULTS IN CHILD'S LIFE:

NAME:	RELATIONSHIP TO CHILD:	LIVING IN HOME	AGE:	CONTACT RESTRICTED?:	COMMENTS:
		Y / N		Y / N	
		Y / N		Y / N	
		Y / N		Y / N	
		Y / N		Y / N	
		Y / N		Y / N	

SECTION II – CHILD'S LEGAL STATUS

CHILD'S LEGAL GUARDIAN(S):	CHILD LEGAL STATUS:	EXPIRY OF LEGAL STATUS:	DATE OF NEXT HEARING / COURT REVIEW:
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SECTION III – REASONS FOR REFERRAL

REFERRAL SOURCE?	IS CHILD AT RISK FOR PLACEMENT BREAKDOWN? Y / N COMMENT?		
IS THE FAMILY AWARE OF THIS REFERRAL? Y / N?	IS THE FAMILY IN FAVOUR OF THIS REFERRAL? Y / N?	IS THE FAMILY <u>REQUIRED</u> TO ATTEND? Y / N?	HOW LONG HAS MCFD BEEN INVOLVED?
GIVE A BRIEF DESCRIPTION OF THE REASON FOR THIS REFERRAL. IN PARTICULAR, WHY <u>NOW</u> ?			

<u>STRENGTHS</u>		<u>NEEDS / CONCERNS</u>	
PLEASE LIST STRENGTHS REGARDING THE <u>CHILD</u> :	PLEASE LIST STRENGTHS REGARDING THE <u>FAMILY</u> :	LIST SPECIFIC <u>EMOTIONAL AND BEHAVIOURAL</u> ISSUES RE <u>CHILD</u> <small>E.G.: ANXIETY versus Hitting.</small>	PLEASE LIST NEEDS / CONCERNS REGARDING THE <u>FAMILY</u>

SECTION IV - CHILD'S FUNCTIONING

CHECK THE BOX BELOW WHICH INDICATES THE DEGREE OF DIFFICULTY THE CHILD IS HAVING IN EACH AREA:

	LOW	MEDIUM	HIGH	COMMENTS:
1.HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.COMMUNITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION V – EDUCATION INFORMATION

SCHOOL NAME:	ADDRESS:	PHONE:
		FAX:
TYPE OF CLASSROOM SETTING:	CLASSROOM AID?	GRADE COMPLETED:
LEARNING DIFFICULTIES:	IS THERE A MEDICAL EXCLUSION IN PLACE? Y / N	DATE LAST ATTENDED:
PROFESSIONALS AT THE SCHOOL:	ROLE:	PHONE NUMBER:
STUDENT'S MAIN SCHOOL INTERESTS OR SKILLS:		STUDENT'S MAIN SCHOOL DIFFICULTY:

SECTION VI – HEALTH INFORMATION

CHILD'S FAMILY DOCTOR (GP):		TELEPHONE:	
CHILD'S SPECIALIST: (PLEASE SPECIFY)		TELEPHONE:	
OTHER PHYSICIAN or HEALTH PROFESSIONAL:		TELEPHONE:	
MEDICATIONS:			
PAST DISEASES AND CURRENT HEALTH CONCERNS:			
ALLERGIES?		DENTAL ISSUES?	
DIETARY CONCERNNS:		OTHER HEALTH CONCERNS IN THE FAMILY?	
OTHER HEALTH CONCERNS?			
BRIEF PHYSICAL DESCRIPTION OF CHILD:			IS CHILD APPARENTLY HEALTHY AND FIT?
MENTAL HEALTH INFORMATION:	SAFETY:...	RISK ONLY	ALREADY ATTEMPTED?
	IS THIS CHILD AT RISK FOR DELIBERATE:	1. SELF HARM?	Y / N
		2. SUICIDE?	Y / N
		3. HARM TO OTHERS?	Y / N
SAFETY COMMENT:			
HOSPITALIZATIONS:	WHERE:	WHEN:	REASON:
IS THERE A MENTAL HEALTH TEAM INVOLVED? PLEASE LIST BELOW:		IS THERE A PSYCHIATRIST INVOLVED? PLEASE LIST BELOW:	
MENTAL HEALTH TEAM PHONE:		PSYCHIATRIST PHONE:	

FORMAL DIAGNOSES:	DIAGNOSIS GIVEN BY:
2.	2.
3.	3.
CURRENT MEDICATIONS FOR MENTAL HEALTH REASONS:	PRESCRIBED BY:
1.	1.
2.	2.
3.	3.

SECTION VII- HISTORY AND CURRENT INFORMATION

IS THERE A HISTORY OF PROBLEMS WITH:				IF YES, THEN WHO:	WHEN:
RE: FAMILY:	DRUG ABUSE	Y / N	NOT KNOWN		
	ALCOHOL ABUSE	Y / N	NOT KNOWN		
	VIOLENCE	Y / N	NOT KNOWN		
RE: CHILD	ABUSE – SEXUAL	Y / N	NOT KNOWN		
	ABUSE – PHYSICAL	Y / N	NOT KNOWN		
	– NEGLECT	Y / N	NOT KNOWN		
OTHER:					

SECTION VIII- FAMILY INFORMATION

1. IF PARENT(S) OR CHILD ARE IMMIGRANTS, WHERE DID THEY COME FROM AND WHEN?	2. WHAT LANGUAGE IS SPOKEN AT HOME? DOES THE FAMILY NEED AN INTERPRETER? YES / NO
3. PLEASE DESCRIBE CULTURAL FACTORS THAT MAY AFFECT SERVICE DELIVERY:	
4. IS TRANSPORTATION AN ISSUE FOR THIS FAMILY?	
5. WHAT ARE THE SIGNIFICANT STRESSORS IN FAMILY?	
6. ARE PARENT(S) ABORIGINAL? YES / NO IS CHILD ABORIGINAL? YES / NO	7. IF SO, ARE THEY: FIRST NATIONS YES / NO METIS/ YES / NO INUIT YES / NO
8. WHAT IS THE BAND AFFILIATION?	
9. ARE YOU EXPECTING THIS CHILD WILL CONTINUE IN THE SAME HOME AFTER ALDERWOOD?	
10. PLEASE LIST AND DATE MAJOR LIFE EVENTS WHICH SEEM TO BE GREATLY IMPACTING THIS FAMILY (e.g. MOVES, MARRIAGES, SEPARATIONS, LOSSES, BIRTHS):	

SECTION IX – CURRENT PROFESSIONALS AND SERVICE PROVIDERS

AGENCY NAME:	CONTACT PERSON:	PHONE NUMBER:

SECTION X – MOST RECENT PLACEMENTS

NAME	LENGTH OF PLACEMENT	REASON

IF RELEVANT, BRIEFLY DESCRIBE HOW THE CHILD (AND FAMILY) TEND TO RESPOND TO PLACEMENT CHANGES:

SECTION XI– PAST PROFESSIONALS AND SERVICE PROVIDERS

AGENCY NAME:	CONTACT PERSON:	PHONE NUMBER:

SECTION XII –REPORTS AND ASSESSMENTS

ARE THESE REPORT ITEMS ATTACHED TO THE REFERRAL?			PSYCHIATRIC REPORT	Y / N	or PENDING?
SCHOOL REPORT	Y / N	or PENDING?	MEDICAL REPORT	Y / N	or PENDING?
SPEECH / HEARING REPORT	Y / N	or PENDING?	HOSPITAL REPORT	Y / N	or PENDING?
MEDICATIONS LIST	Y / N	or PENDING?	COURT REPORT	Y / N	or PENDING?
PSYCHOLOGICAL REPORT	Y / N	or PENDING?	OTHER (SPECIFY)	Y / N	or PENDING?

Please forward this referral to Program Director, Lisa Lowe, for initial screening. Alderwood will contact the referring worker as soon as the referral is accepted. **THANK YOU!**