Bulkley Valley
Child Development Centre

*Inspiring strength in families and exploring the potential in children and youth.*

Fax Referrals to: 250-692-4221
Burns Lake Office: Phone: 250-692-4201
Smithers Main Office: 1-855-947-4122
Vanderhoof Office: Phone: 250-567-2911

# NECHAKO LAKES

## Referral Form
## Early Intervention Services - Birth to School Entry

Child's Name: _____ ( M/F )

SURNAME First Middle initial

Date of Birth: _____ Age at Referral: _____

Day/Month/Year

Parent/Guardian Name: _____ _____

Primary Caregiver(s): _____ Relationship to child: _____

Mailing Address: _____ Town: _____

Street Address: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____

**Program Services**

☐ General Development
☐ Speech and Language Therapy
☐ Behaviour/Parenting
☐ Occupational Therapy
☐ Physiotherapy

Physicians: _____ Diagnosis (If Known) _____

**Relevant Information Concerning Referral:**

_____

_____

_____

_____

_____

_____

_____

Has parent been informed of the referral: Yes _____ No _____

Referred by: _____ Date of Referral _____

Position/Agency: _____ Phone: _____

Form complete by: _____ Position: _____