Referral Form

Complete this form and fax it to (844) 927-0222, together with any assessment reports or other documents. Every question below is a form field: you can type into this PDF and print it, or print it and write.

You can also refer online at allbrainsclinic.com/referral/form/ — it asks the same questions, attaches reports directly, and reaches the clinic straight away.

Questions marked * are needed before the referral can be actioned.

The patient

Patient first name *

Patient last name *

Date of birth *

YYYY-MM-DD

PHN *

The ten-digit BC Personal Health Number.

Cell phone *

Alternate phone

Email *

Address *

Address line 2

City *

Province *

Postal code *

For example V6M 3X4.

Guardian consent for email *

○ Yes ○ No

Clinical background

Court, medical-legal or custody matters *

○ Yes ○ No

Details of legal matters

Only if you answered Yes above.

Previous diagnosis *

○ Yes ○ No

The previous diagnosis

Only if you answered Yes above.

Medications

Psychiatric and medical history

Reason for referral

Tick everything that applies.

Assessments requested *

- [ ] Autism Assessment
- [ ] Psychoeducational Assessment
- [ ] ADHD/ADD Assessment
- [ ] Early Social and Language Development
- [ ] Speech and Language Assessment
- [ ] Motor Development and Posture Assessment
- [ ] Occupational Therapy

Services of interest

- [ ] Resource Liaison
- [ ] Parent Training
- [ ] Student Support Liaison
- [ ] Parents Coaching
- [ ] ADHD Coaching
- [ ] Picky Eating Online Consultation
- [ ] Occupational Therapy Online Consultation
- [ ] Cognitive Behavioural Therapy
- [ ] Acceptance & Commitment Therapy
- [ ] Couples Therapy
- [ ] Trauma Focused Therapy

You

Your name *

MSP billing number *

Your clinic address *

Your phone *

Your fax *

Your name, typed *

I confirm that I am actively involved in this patient's care and can act on the recommendations All Brains Clinic makes. I understand that All Brains Clinic provides consultative care and does not assume ongoing care of this patient.

- [ ] **I confirm the above. ***

Please fax any other clinical or supporting documents to (844) 927-0222. If anything about this referral needs discussing, call (604) 998-2244.