

## Children's Rehabilitation Services Referral

To make a referral to Children's Rehabilitation Services, please complete the following information and forward by mail or fax. If you have any questions, please call the nearest Intake office:

Drumheller Health Centre  
351-9<sup>th</sup> Street NW  
Drumheller, AB T0J 0Y1  
Fax 403.823.2446  
Toll Free 1.855.420.7986

Red Deer 49th Street Community Health Centre  
Bay A, 4755-49<sup>th</sup> Street  
Red Deer, AB T4N 1T6  
Fax 403.314.5230  
Toll Free 1.855.414.5272

Camrose Professional Centre  
#300, 5015-50 Avenue  
Camrose, AB T4V 3P7  
Fax 780.608.8648  
Phone 780.608.8613  
Toll Free 1.866.937.7476

Child's Information					
Child's Legal Name ( <i>Last Name</i> )		(First Name)		(Initial)	Personal Health Number
Date of Birth ( <i>yyyy-Mon-dd</i> )	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Family Physician/Pediatrician		
<input type="checkbox"/> Child is in Foster/Kinship Care. If "yes" please name Social Worker/Case Worker below.			Language spoken at home _____ <input type="checkbox"/> Interpreter needed		
Name of Case Worker (CFSA)			Phone Number ( <i>Business</i> )		
			(Cell)	(Fax)	
Parent/Guardian Information					
Parent/Guardian 1:			Parent/Guardian 2:		
Phone Number ( <i>Preferred</i> ) _____ (Alternate) _____			Phone Number ( <i>Preferred</i> ) _____ (Alternate) _____		
Mailing Address			Mailing Address <input type="checkbox"/> Same as Parent 1		
City	Province	Postal Code	City	Province	Postal Code
Reason for Referral					
Referral Source					
Name			Title		
Mailing Address			Agency/Department		
Phone	Fax	Email			
<input type="checkbox"/> I confirm that the parent/guardian is aware of and agrees to this referral.					
Signature			Date ( <i>yyyy-Mon-dd</i> )		