Alberta Health Services

Affix patient label within this box

Early Intervention Program Referral (Edmonton Zone)

Complete this form and then fax to one of the locations below.

Dickinsfield Office – Edmonton/Westview
Fax: 780.413.5068 Phone: 780.342.1707

Robin Hood – Sherwood Park/Strathcona County/Leduc County/Fort Saskatchewan
Fax: 780.640.9404 Phone: 780.640.9401

Connect Society – Children with Hearing Loss
Fax: 780.447.5820 Phone: 780.454.9581

Transitions – St. Albert/Sturgeon County
Fax: 780.460.7078 Phone: 780.458.7371

Agency Referral

Date of Referral *(yyyy-Mon-dd)*

Person Referring *(Name)* _____
Phone _____ Fax _____

Phone Referral: To be completed by EIP Staff only

Time Referral Taken *(hh:mm)* _____ Taken by _____

Source of Referral *(Choose one)*

☐ AHS / Nurse
☐ Children's Services
☐ Community Agency
☐ EIP Worker
☐ Glenrose
☐ Home Care
☐ Library
☐ Other AHS EIP Program
☐ Other Health Care Professional
☐ Parent
☐ Physician
☐ Preschool Rehabilitation Services – OT-PT
☐ SL Pathologist
☐ Other _____

Family Information

Child's First Name | Last Name

Date of Birth *(yyyy-Mon-dd)* | Premature? ☐ No ☐ Yes
If Yes, how many weeks? _____ | ☐ Male ☐ Female | Personal Health Number

Has child's parent/guardian consented to the referral? ☐ No ☐ Yes

Main Language | Interpreter required? ☐ No ☐ Yes
Name of Interpreter _____

Mother | Father

Address | City | Postal Code

Phone *(home)* _____ *(cell)* _____ *(other)* _____

Email | Best time to contact family

Case Worker ☐ NA ☐ No ☐ Yes If yes, Name _____
Phone _____ Fax _____

Lives with foster parent
☐ NA ☐ No ☐ Yes

Type of Guardianship Order ☐ NA
☐ Temporary ☐ Permanent ☐ Other _____

Child is waiting for or is currently involved with *(check all that apply)* ☐ Unknown

☐ Occupational Therapy
☐ Physical Therapy Services
☐ Home Care
☐ Glenrose
☐ Multicultural Health Broker
☐ Speech – Language Services
☐ Other _____

Concern or Diagnosis at Referral *(Choose all that apply)*

☐ Alcohol
☐ Autism
☐ Behavioral
☐ Child of Deaf adult
☐ Communication
☐ Cerebral palsy
☐ Deafness
☐ Developmental delay
☐ Down syndrome
☐ Drug exposure
☐ Emotional
☐ Fine and/or gross motor
☐ Hearing
☐ Medical
☐ Neurological
☐ Physical
☐ Query autism
☐ Syndrome: other
☐ Visual impairment
☐ Other _____

Comments _____