



**Children, Youth and Families Addiction and Mental Health Intake  
(Edmonton Zone)**

<b>Reason for Referral/Current Concerns</b>		
What are your expectations of treatment? Are you requesting a specific service, program, clinic, etc?		
Are school supports involved with this child/youth? <i>(eg., speech/language/OT/PT, consulting services)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes		
Has any psychological testing been done on this child? <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, please attach reports		
<b>Physician/Pediatrician</b>		
Name		
Phone	Fax	Doctor is aware of referral <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medication, Vitamins, Herbal Supplements</b>		
<b>Allergies</b>		

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Current Agencies or Services Involved	Phone	Fax
Child and Family Services Status <i>(if applicable)</i>	Young Offender's Status <i>(if applicable)</i>	
<input type="checkbox"/> Assessment in process <input type="checkbox"/> Enhancement Agreement <input type="checkbox"/> Supervision Order <input type="checkbox"/> Custody Agreement <input type="checkbox"/> Temporary Guardianship Order <input type="checkbox"/> Permanent Guardianship Order <input type="checkbox"/> Secure Services	<input type="checkbox"/> Charges Pending <input type="checkbox"/> On Probation <input type="checkbox"/> Alternate Measures <input type="checkbox"/> Court appearance scheduled on _____	
Psychiatric/Medical/Developmental History <i>(please attach relevant documents)</i>		
Previous Services Accessed <i>(please attach relevant documents)</i>		
<input type="checkbox"/> Child Psychiatrist <input type="checkbox"/> Inpatient Programs at Royal Alexandra Hospital <input type="checkbox"/> Inpatient Programs at Glenrose <input type="checkbox"/> Day Program at Glenrose <input type="checkbox"/> Glenrose Clinic <input type="checkbox"/> School-Aged Neurodevelopmental <input type="checkbox"/> Assessment Clinic (SNAC) <input type="checkbox"/> Preschool Assessment Services (PAS) <input type="checkbox"/> Mental Health Clinic <input type="checkbox"/> CASA Programs	<input type="checkbox"/> Addictions Services <input type="checkbox"/> PCHAD (Protection of Children Abusing Drugs) <input type="checkbox"/> Residential Care <input type="checkbox"/> Play/Individual/Family Therapy <input type="checkbox"/> School Based Services <input type="checkbox"/> Preschool Program <input type="checkbox"/> Child and Family Services <input type="checkbox"/> Family Supports for Children with Disabilities <input type="checkbox"/> Mental Health Youth Diversion <input type="checkbox"/> Youth Community Support Program <input type="checkbox"/> Any Other Services	
Additional Comments		