



# Referral Form



Located at: SSCY Centre  
1155 Notre Dame Ave  
Winnipeg, MB R3E 3G1  
Ph: (204) 258-6600  
Fax: (204) 258-6797  
www.fasdmanitoba.com

Date of Referral: \_\_\_\_\_

Person Completing Referral:  Caregiver  CFS  
 Physician  School  Community  Allied Professional  
 Other \_\_\_\_\_

Child/Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ m/d/y  
MHSC#: \_\_\_\_\_ PHIN#: \_\_\_\_\_ Gender:  Female  Male  
Name of Caregiver: \_\_\_\_\_  
Relationship to Child/Youth:  Birth  Adoptive  Foster  Other \_\_\_\_\_  
Caregiver's Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Who is the doctor providing medical care to the child/youth? \_\_\_\_\_

**If the child/youth is in the care of Child and Family Services, please complete:**

Name of Worker: \_\_\_\_\_ Phone: \_\_\_\_\_  
Agency: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
CFS Authority:  Northern  Southern  General  Métis

Reason for Referral?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the prenatal alcohol exposure confirmed?  Yes  No Who is the source of this information? \_\_\_\_\_  
Please provide information regarding prenatal alcohol exposure in this pregnancy [if available]. \_\_\_\_\_

**Additional Information**

Is your child currently attending day care or school?

If yes, please provide name: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Address: \_\_\_\_\_  
(Including postal code)