

**Kelowna Hub School Referral Form
Integrated Health Solutions Team**

Date: _____

School Information

School Name: _____
School Contact Name: _____
School Contact Phone number: _____
School contact email: _____

Parent/Guardian Information

Parent Name: _____
Parent Address: _____
Parent Phone Number: _____
Parent email: _____

Complete and obtain parent signature on the Consent to Release Information Form and send it with referral form

Who will be assisting the family to get to their appointments? _____

Student Information

Does the child identify as being of aboriginal ancestry? Yes No

Student Name: _____ Date of Birth: _____
Grade: _____ Health Care Number: _____

Presenting Concern – what exactly is the support requested / reason for referral?

Please list symptoms noticed/behaviors of concern -

Special Education Designation?

Please attach any report/assessment that the parent has authorized to share with health professionals. (These may include: Psycho-educational assessments, behavior observations/checklists, SLP & OT Reports, diagnoses, could include summary of issues but not all past and present report cards)

Physician Information

Does the child have a family doctor?

Yes (please complete information below) No

Doctor Name: _____

Doctor's Office Phone Number: _____ Doctor's Office Fax Number: _____

Child and Youth Mental Health

Is/has the child been, linked with CYMH **in the past:** Yes No &/ or **currently:** Yes No

To be completed by Interior Health Representative

Public Health Nurse Associated with referral: _____

Referral to Nurse Practitioner? Yes No

Appointment set up? Yes No Date: _____

Attended appointment? Yes No

Referral to CYMH? Yes No

Appointment set up? Yes No Date: _____

Attended appointment? Yes No

Referral to Pediatrician? Yes No

Appointment set up? Yes No Date: _____

Attended appointment? Yes No
