

# Children's Therapy and Family Resource Centre

801 McGill Road, Kamloops, BC V2C 6R1 Phone: (250) 371-4100 Fax: (250) 371-4120  
www.kamloopschildrenstherapy.org

## Referral For Services – School Aged Therapy Program

Child's Last Name		Child's First Name		Middle Name	Also Known As
Date of Birth (MM/DD/YY)		Age	Gender	Personal Health Number	Physician
Name of School			Grade	Afterschool Care Centre (if applicable)	
Indigenous Ancestry First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Other: _____					
Allergies	Primary Spoken Language		Primary Written Language		Interpreter Required <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Parent/Caregiver 1 (Name)</b>				Relationship to Child	
Physical/Street Address		Mailing Address (e.g. PO Box)		City	Postal Code
Primary Contact Number		Alternate Phone number		Email Address	
<b>Parent/Caregiver 2 (Name)</b>				Relationship to Child	
Physical/Street Address		Mailing Address (e.g. PO Box)		City	Postal Code
Primary Contact Number		Alternate Phone number		Email Address	
<b>Legal Guardian Name(s)</b> (if different from parent or caregiver)				Relationship to child	Phone number
Legal Guardian Address				City	Postal Code

### WHO IS MAKING THIS REFERRAL?

Who can refer? Anyone (Parents, Physicians, Daycares, School, etc.) may refer to our centre (with legal guardian's consent.)

Name		Signature	
Address (if different from above)		Postal Code	Phone Number
Relationship of Referral Source to Child			
Name of Any Staff at CTFRC You Have Spoken with About This Referral			
Is Legal Guardian aware of Referral? Yes <input type="checkbox"/> No <input type="checkbox"/>		Today's Date	

Legal Guardian Signature (if possible)	Relationship to Child
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**PLEASE TELL US WHY YOU ARE MAKING THIS REFERRAL:**

*\* Please note we are unable to provide services related to emotional function, self-regulation, behaviour, attention, or mental health concerns for school-aged children.*

**WHAT ARE THE FAMILY'S CONCERNS AND QUESTIONS?**

**ANY RELEVANT HISTORY OR DIAGNOSTIC INFORMATION YOU WOULD LIKE TO SHARE?** (You can attach any reports that you feel are relevant)

**Legal Guardian must complete the enclosed consent form. If you are unable to get this completed, it will be sent to the legal guardian prior to the start of services.**

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## School-Aged Therapy Program Consent Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Consent for Assessment and Consultation

Please initial boxes as appropriate:

I have read the "**Welcome to the School Aged Therapy Program**" document attached to this form, and I consent for my child to have assessment and/or consultation services from staff at the CTFRC.

I have read the document called "**Your Rights**" attached to this form and understand my rights and responsibilities as part of service.

### Consent for Virtual Services

As part of our service provision, we often use email and videoconferencing as tools for assessment, consultation and communication with families and other team members. We use all manner of protection and encryption of information that are required by law; however, there are still inherent risks as outlined in the "**Welcome to the School Aged Therapy Program**" document. Please initial below if you consent to these types of communication regarding your child:

I consent to CTFRC staff using the following types of communication to provide services to my child and to share information with me and other team members:

Texting  Videoconferencing  Email (address: \_\_\_\_\_)

### Guardian Signature

Please note: Only one guardian is required to sign in most circumstances.  
Consent is valid until your child graduates from school or is discharged, whichever comes first.

Name of Guardian 1: (Please print)

Signature of Guardian 1: (electronic signature acceptable if completed online)

Relationship to Child:

Today's Date:

Name of Guardian 2: (Please print)

Signature of Guardian 2: (electronic signature acceptable if completed online)

Relationship to Child:

Today's Date:

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## Consent to Obtain and Release Information

To provide safe, effective, coordinated services CTFRC staff may need to request and share information with your child's other service providers. All information is considered strictly confidential. CTFRC reports are always sent to parent(s) and/or legal guardians.

Current Service Providers (please notify us immediately if there is a change in service provider)		Consent to Obtain Please initial	Consent to Release Please initial
Service Provider	Name		
School (Public, Private or Home)			
Family Physician			
Pediatrician			
BC Women's and Children's Hospital			
Sunny Hill Health Centre			
Interior Health (Nursing, Dietician, Speech Therapy, RIH, Audiology)			
Autism or Other Developmental Assessment Agency			
Afterschool Care Program			
Foster Family			
MCFD			
Child & Youth with Support Needs			
Infant Development Program			
Insight Support Services			
Secwepemc Child & Family Services			
Lii Michif Otipemisiwak Family & Community Services			
Interior Community Services			
Child & Youth Mental Health			
Behavioral Consultant/Interventionists(s)			
Private Therapy Services			
Equipment Dealer			
Orthotics/Prosthetics Services			
Other Agency/Person			
Other Agency/Person			

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Consent for Audio/Visual Records

As part of our service provision, we sometimes need to capture photos or videos as part of the child's treatment. Any photos or videos will be stored in a secured location and will only be shared with team members who were approved for release of information above, when sharing is deemed important to your child's care. Please initial below if you consent to the use of photos or videos of your child as part of services:

*I consent to CTFRC staff capturing photos or videos of my child for treatment purposes and sharing them with team members approved by me for release of information about my child.*

## Consent for Toileting Needs

For children in the **Supported Child Development Program** or the **Kamloops Autism Program**, CTFRC staff may be required to help with toileting needs for your child.

*I consent to CTFRC staff assisting my child with toileting needs.*

## Resource Loan Agreement

Our Centre has different types of resources (books, therapy equipment) that can be loaned to families if they are recommended for your child's program. If you would like to borrow any materials, we need you to agree to the following terms, by putting your initials in the box below:

- To return the items you borrow by the due date, in clean and good working condition.
- To ensure proper use and supervision while using any borrowed equipment.
- To agree to pay the cost for any item that you lose or damage.
- Children's Therapy & Family Resource Centre is not responsible for any injuries or damages that may result from the use of this equipment and/or item.

*I agree to the above terms if I choose to borrow resources from the Children's Therapy and Family Resource Centre.*

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## Welcome to the School Aged Therapy Program

Dear Parent / Guardian:

Your child has been referred to the Children's Therapy and Family Resource Centre (CTFRC) for Occupational Therapy and/or Physiotherapy services. This handout will give you an idea about what you can expect from us, and what we hope you will be able to do as well.

### **What will services look like?**

Our services involve two parts:

- Assessment of your child's skills and other supporting factors. This assessment can include informal observations and interactions with your child, discussions with you, school staff, or other service providers, or in some cases testing using professional tools to see your child's strengths and challenges compared to other children their age.
- Consultation with you and other team members to provide ideas and suggestions for ways to improve your child's function and participation in daily activities.
- Please note that we are not able to provide one to one intervention services in this program.

Our goal is not only to help your child, but to teach you and other team members how to help your child.

### **Are there risks to an assessment?**

Therapists are highly trained in their field and certified by their college. They will take all necessary precautions; however,

- For feeding assessments, there could be a risk of choking, aspiration or vomiting.
- For movement assessments and activity suggestions, there is a risk of physical injury.
- For other types of assessments and activity suggestions, there are no physical risks to your child.

For any assessment, other possible risks include:

- Disappointment if your child is not doing as well as you thought or hoped.
- Feelings of disappointment, frustration, and/or anxiety for your child.
- Not being able to access services as quickly as you would like due to staff shortages or waitlists.

### **Where will services happen?**

Assessments and consultations with staff from the CTFRC may happen via telephone, videoconferencing, or in person, either at school or at our Centre. Occasionally, a home or community visit may be arranged if necessary.

### **How do virtual services work?**

Virtual services involve meeting with your therapist by videoconference. This form of service does have some degree of privacy risk. However, CTFRC has taken many steps to protect your privacy, including:

- We will use all manners of protection and encryption that are required by law.
- Electronic hardware is always either under supervision or secured in a locked or restricted area. In addition, passwords are used on computers, phones and electronic systems.
- Staff is trained to collect, use and disclose personal information only as necessary to fulfill their duties and in accordance with our privacy policy and governing privacy laws.
- Video consults through Zoom, FaceTime, and Skype/Teams are not recorded or stored in any way and are encrypted/protected as per governing privacy laws.

### **Who will provide the services?**

Each school in the area has an OT and a PT assigned, so that person will provide the services. If you are not sure who that person is, please contact the Centre.

There are also some private therapy services available in the community. If you are interested, a list of those therapists can be provided to you. Please advise us if you choose to work with a private therapist to make sure our services are coordinated.

### **How will we communicate with you?**

Your team will communicate with you by phone and mail, and sometimes by texting or emailing with your consent. There are some risks to texting and e-mailing, which can include:

- Email may be forwarded, printed and stored in paper and electronic forms. Email may be received by unintended recipients.
- Text and Email may be sent to the wrong address by any sender or receiver.
- Email service providers have a right to store and inspect emails.
- Copies of email may exist even after the sender or the receiver has deleted his or her copy.
- Email may be intercepted, altered, or used without detection or authorization.
- Text and Email may be easier to forge than handwritten or signed papers.
- Email may spread computer viruses.
- Text and email delivery is not guaranteed.

Our staff will use all reasonable precautions to protect your child's information when emailing or texting.

### **Questions or concerns about services?**

You are welcome at any time to give feedback about the services you are receiving. If you have a concern, we encourage you to speak to the person in question directly. If your concern has not been resolved, you can ask to speak to that person's supervisor. Concerns or complaints will not result in any form of retaliation, such as bullying, harassment, or loss of services.

On the next page there is information about your rights and responsibilities when it comes to our services.

If you have any questions about the information in this document, please contact one of us.

Jennifer Persello, OT  
Manager, Occupational Therapy

Mari-Anne Meulenkamp, PT  
Manager, Physiotherapy

E| [jpersello@kamloopschildrenstherapy.org](mailto:jpersello@kamloopschildrenstherapy.org)  
T| 250-371-4100 Ext 223

E| [mmeulenkamp@kamloopschildrenstherapy.org](mailto:mmeulenkamp@kamloopschildrenstherapy.org)  
T| 250-371-4100 Ext 23

## Your Rights

### a) The Right to Information

You have the right to:

- Receive copies of all written reports by the CTFRC team about your child.
- See your child's health record anytime by contacting the Centre (Please note: In keeping with the Freedom of Information and Protection of Privacy Act, the Centre does not make copies of reports originating from other agencies.)
- Have complete and unbiased information of assessment and service options.
- Ask questions and receive answers regarding your child's assessment and any aspect of your child's services.
- Receive information in a language that you understand. The Centre will provide interpretation services to families as required.
- Information on community resources that may be suitable and available for your child and your family.

### b) The Right to Confidentiality

Information on your child and your family will not be released without the permission of the legal guardian.

All staff, volunteers and students at the CTFRC sign a Confidentiality Agreement when they are hired. Breaches of confidentiality are grounds for discipline by the Centre as well as by professional colleges or registering bodies.

### c) The Right to Refuse Services

The CTFRC team will explain any strategies they propose or recommend including any potential risks. You have the right to refuse any service or intervention you believe is not in the best interests of your child or family. You also have the right to discontinue services at any time and request a referral elsewhere.

### d) The Right to Provide Feedback

You have the right to express concerns, make complaints or offer compliments. We encourage you to first speak to the person in question, and then if your concern is not resolved, you can ask to speak to that person's supervisor. A complaint will not result in any form of retaliation such as bullying, harassment, or the loss of services.

## Your Responsibilities

- Health and Safety:** If you or your child is sick on the day of your appointment, please contact reception at 250-371-4100. This includes appointments at CTFRC, home or school.
- Cancelled Appointments:** If you are not able to attend your scheduled appointment, you must call reception at 250-371-4100 as soon as possible to cancel the appointment and reschedule. Be aware that if you do not attend a scheduled appointment without cancellation (ie: no shows) there is a risk of your child being discharged from the program.
- Missed Appointments:** If you accidentally miss an appointment, it is important that you call CTFRC immediately to let them know you are still interested in services.
- Updated Contact Information:** Please call CTFRC right away if you change your address, phone number or email.
- Duplication of Services:** It is your responsibility to notify CTFRC if you are receiving therapy services from any other service provider so that we can develop a co-therapy agreement with that provider.