

Children's Therapy and Family Resource Centre

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www.kamloopschildrenstherapy.org

School Physio and Occupational Therapy Referral Parent Form

Your child has been referred to Physiotherapy and/or Occupational Therapy. Our services are based on the needs of your child, and based on the concerns of your family and the staff at your child's school. We would like to have your input about your child's needs to help us plan our services. Please complete this form and return it to our centre by mail, fax, or in person. If you would like to speak to your child's therapist directly, you can call the centre at any time.

Child's Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent's Name(s): _____

Legal Guardian name(s)(if not parent): _____

Teacher's Name: _____

Names of any other service providers for your child (e.g. doctors, therapists, school support workers, community service providers):

Is there anything about your child's health in the past or present that might be relevant to the current concerns (e.g. birth history, early health issues, illnesses, allergies, medications, vision, hearing, etc)?

Tell us about your child's strengths and skills:

What are your most important concerns about your child?

Have you tried any strategies to help with the concerns you mentioned?

Do you have any other comments or questions?

Form Completed By (Name): _____ Date: _____

Thank you for taking the time to complete this form. This information will be used to make up a plan to address your concerns for your child. Please contact the centre at any time to speak to someone in person.