



Hands TheFamilyHelpNetwork.ca Third Party Notification & Referral Form

Date* Click or tap to enter a date.

Client Information:

Child/Youth

*First name:

*Last name:

Date of birth*:

Gender* :

Consent:

Guardian signature (when necessary):

Client signature:

I understand an electronic record will be created. Information will be shared with Hands TheFamilyHelpnetwork.ca staff as required.

Verbal consent obtained from client/guardian in lieu of signature.

Person completing this referral (referral source) *:

Role with client:

Referral source email:

Referral source telephone:

Referral source fax (if no email):

Child/Youth Contact Information

Cellphone:

Email:

I give permission for contact by text or email for scheduling.

*Language spoken by the child/youth:

Family Contact

*Parent/Legal Guardian name:

*Address:

*Postal code:

*Telephone – preferred:

Cell Home Work

Telephone:

Cell for scheduling purposes

*Email:

I give permission for contact by text or email for scheduling.

Relationship to child:

Lives with:

Yes
 No

Family Contact

Parent/Legal Guardian name:

Address:

Postal code:

Telephone – preferred:

- Cell Home Work

Telephone:

- Cell for scheduling purposes

Email:

- I give permission for contact by text or email for scheduling.

Relationship to child:

Lives with:

- Yes
 No

*Custody status:

- Both Mother Father Other

If other, please state the special arrangements:

Partners/Services Involved:

- Community Living
 Pediatrician /General Physician/Nurse Practitioner
 School Services
 CMHA - Canadian Mental Health Association

Other Community Partner:

- Child Protection Services
 One Kids Place
 First Nations Mental Health Services
 Autism Services

Other Community Partner:



*Services being requested:

Child & Youth

- Child & Youth Mental Health (Nipissing & Parry Sound Districts) Youth in Transition (Muskoka & Parry Sound Districts)
- Infant & Child Development (Muskoka & Parry Sound Districts) Great Beginnings (Muskoka & Parry Sound Districts)
- Developmental Services for Children (Muskoka & Parry Sound Districts)

*Reason for referral:

Please list any specific questions/issues to be addressed:

Possible barriers to service:

- Transportation
- Behaviours limit office-based appointments
- Unsure of wanting services
- Time of day
- Other