



NOT FOR 3RD PARTY RELEASE, PHYSICIAN USE ONLY

Infant and Early Childhood Psychiatry Referral

- We do not do custody and access assessments or intervention and we do not do parenting capacity assessments.
- Child must be under 3 years 6 months of age
- All legal guardians must consent to this referral
- Will not accept if there is a diagnostic question of ASD or prior diagnosis.
- Parent questionnaire must be received with the referral
- Please attach all reports on the file

- NOTE: If needed, Physicians at our clinic may provide consultation up until the child turns 5 years old and then the child will be transitioned back to the care of the referring doctor

Please Fax completed forms to 587-400-4538 or mail to: 10100 162st NW, Edmonton AB, T5P 4R4

Patient's Name:	
Address:	DOB:
	Health Number:
	Height:
	Weight:
Parent (Legal Guardian)	Name:
	Phone Number:
	Email:
Parent (Legal Guardian)	Name:
	Phone Number:
	Email:
Services accessed? All reports must be sent with referral <input type="checkbox"/> Speech and Language <input type="checkbox"/> Audiology <input type="checkbox"/> Stollery Sleep Clinic <input type="checkbox"/> Glenrose IPAS referral <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Mental Health <input type="checkbox"/> Early Intervention <input type="checkbox"/> Other	
Children's Services Caseworker: (Must attend first appointment)	Name:
	Phone:
	Email:



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Current Medications/Supplements:

Reason for Referral:

Do all legal guardians consent to this Referral?

Yes No

Referral made by:

PRACID:

ElmTree Clinic recognizes that our work takes place on historical and contemporary Indigenous lands, including the territories of Treaties 6, 7 & 8, and the homeland of the Métis. We acknowledge the many Indigenous communities that have been forged in urban centres across Alberta.