elmtree clinic

NURTURING YOUNG MINDS

NOT FOR 3RD PARTY RELEASE, PHYSICIANS'S 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 of age**
- **All legal guardians must consent to this referral**
- **We will not accept if there is a diagnostic question of ASD or prior diagnosis.**
- **Parent questionnaire must be received before we can accept 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

Patient's Name:	**DOB:**
Personal Health Number:	
Height:	**Weight:**
Address:	**Children's Services Caseworker*** *(If applicable, must attend first appointment)* **Name:** **Phone:** **Email:**
Parent (Legal Guardian) Name:	
Phone Number:	**Email:**
Parent (Legal Guardian) Name:	
Phone Number:	**Email:**
Services accessed? *(All reports must be sent with this referral)* ❒ Speech and Language ❒ Audiology ❒ Stollery Sleep Clinic ❒ Glenrose IPAS referral ❒ Occupational Therapy ❒ Mental Health ❒ Early Intervention ❒ Other	

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.

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Current Medications/Supplements:

Reason for Referral:

Is there a father?	Is there a mother?	Have all legal guardians consented to this referral?
❒ Yes ❒ No	❒ Yes ❒ No	❒ Yes ❒ No

Referral made by:	Physician Location:
PRACID:	PHONE: FAX:

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