CASA
Child, Adolescent and Family Mental Health

Name: _____
DOB: _____
ULI: _____
File No: _____

Pre-Kindergarten Day Program Referral

Referral Criteria for PDP

- Child must be 4 or 5 years of age by December 31st of the year of admission
- The child must meet criteria for Program Unit Funding eligibility
- The child exhibits complex social-emotional and developmental needs
- Family acceptance and Program acceptance/suitability following intake consultation
- Family is able to transport the child every day

Please return completed form to:

CASA Central Intake
10645 63 Ave
Edmonton AB T6H 1P7
Fax: 780.435.6261

Patient Name *(first, middle, last)*			Gender ☐ Male ☐ Female
Date of Birth *(yyyy-Mon-dd)*	PHN/ULI		Home Phone
Address	City	Province	Postal Code
Last School Attended			
Parent/Legal Guardian Name *(print)*		Parent/Legal Guardian *(print)*	
Relationship to child	Phone No.	Relationship to child	Phone No.
Email Address		Email Address	
Is the child under the care of Child and Family Services? ☐ No ☐ Yes		Case Worker *(name)*	Phone No.

Referral Information

Who Initiated this referral? (please attach detailed concerns documented by parents, if available)

☐ Physician
☐ Family
☐ Daycare/Preschool/School *(specify)* _____
☐ Community Services/Resource *(specify)* _____
☐ Other *(specifiy)* _____

Which community based services have been accessed?

(check all that apply. If possible, please provide documents with referral)

☑	Services	Date	Location
	Speech & Language		
	Audiology		
	Occupational Therapy/Physiotherapy		
	Mental Health		
	Psycho-educational		
	Early Education/Headstart Program		
	Other (e.g. school/program)		

☐ **I have reviewed and discussed the details of this referral with the child's family/legal guardian** Initials

CASA collects information about you in accordance with Section 20 of the Health Information Act (HIA) for the purpose of providing you health services, determining your eligibility for health services, or to carry out any other puprose authroized by the HIA. Your information will be collected directly from you, except in limited circumstances where we are authroized by the HIA to indireclty collect such information. If you have any questions about this collection, pelase ask your care provider or contact our Privacy department.

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The CASA Pre-Kindergarten Day Program is a tertiary-level, multi-disciplinary diagnostic and therapeutic educational resource for children aged 4 and 5 who are experiencing severe challenges managing or regulating their emotions and behaviour such that they have been unable to participate meaningfully in the home and community options. Associated difficulties with development, executive functioning, and learning may be evident.

Physician Referral Details	
Date of last physical exam *(yyyy-Mon-dd)*	Date of last vision exam *(yyyy-Mon-dd)*
List Existing Diagnoses *(attach relevant documents)*	
Describe your concerns for this child in detail *(use additional pages as required)*	
Parent's/Guardian's concerns, as described to you *(use additional pages as required)*	

The PDP Medical Lead provides psychiatric care. A primary care physician must be involved to assist the family with continued health care and monitoring of ongoing and emerging medical concerns.

Referred By		**Family Physician (if different)**	
Name *(print)*		Name *(print)*	
Phone	Fax	Phone	Fax
Address		Address	
City	Province	City	Province
Postal Code	Prac ID	Postal Code	Prac ID
Physician Signature			Date *(yyyy-mm-dd)*

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