Fraser Region Aboriginal Friendship Centre Association (FRAFCA)

A101-10095 Whalley Blvd. Surrey, BC V3T 4G1
Tel: 604.595.1170 Fax: 604.595.1176

REFERRAL FORM - ABORIGINAL INFANT DEVELOPMENT PROGRAM

Child Information: **AIDP Child ID #**_____

Name:_____ M / F
D.O.B:_____Age at Referral:_____
Birth Hospital:_____Gestation:_____

Circle One: Status Non-Status Metis Inuit

Circle One: On Reserve Off Reserve

Contact Information:

Mother:_____Phone:_____
Father:_____Phone:_____
Foster Parent/Guardian:_____Phone:_____
Social Worker:_____Phone:_____
Fax:_____
Child Resides With:_____Relationship:_____
Address:_____Siblings:_____
_____ _____
_____ _____
Is this child "In Care"? Yes_ No_ CIC Reports Requested
Care giver email address: _____

Professionals Involved:

Family Physician:_____Phone:_____
Pediatrician: _____Phone:_____
Other: _____Phone:_____
Medical Concerns/History:_____
_____

Referral Source:

Agency name: _____
Referral source email: _____
Name:_____Date:_____
Phone:_____Fax:_____
Reason for Referral:_____
_____

For Office Use Only:

Wait Listed Yes ☐ No ☐ Referred Yes ☐ No ☐ Referred To:_____

Consent For Service: Consent to Share Information:

_____ _____
Signature Signature