

CASA Child, Adolescent and Family Mental Health Pediatric Consultation Referral Form

Please type directly into the form. Note that only current CASA clients may be referred to Dr. Wincott.

Patient Name:

DOB:

ULI:

CASA File No:

Fax completed referral form to: 780-435-6261

Refer To

Dr. John Neilson (External referrals from CASA Centre AHS Psychiatrists ONLY)
10645 63 Ave
Edmonton AB T6H 1P7

Dr. Leigh Wincott (CASA ONLY)
CASA Fort Road
13415A Fort Road NW, 2nd Floor
Edmonton AB T5A 1C6

Patient Demographics

Guardian Name(s): 1.

2.

Primary Address:

City:

Postal Code:

Primary Phone No:

Family Physician/Pediatrician Details:

Name:

Clinic Address:

City:

Postal Code:

Phone No:

Fax No:

Reason for Referral (complete all that apply)

Specific Health Concern:

Screening Developmental Assessment:

Neurodevelopmental Concerns:

- Sleep
- Motor
- Feeding
- Sensory
- Behavioural Regulation
- Toileting

Specify:

Specific Neurological Concerns:

- Headache
- Concussion
- Epilepsy
- Movement Disorders
- Stereotyped Behaviours/Tics

Diagnostic Clarification:

- ADHD
- ASD
- FASD
- Other (specify)

Brief Consultation Report (formal, dictated report to follow):

Signature: _____

Date:

Referring Source

Name:

PRACID No:

Phone No:

Fax No:

Signature: _____

Date:

For Office Use Only

Received:

Booked:

Collection of this information is authorized under Section 20(b) of the Health Information Act and Section 33(c) of the Freedom of Information and Privacy Act. CASA is collecting the personal health number under Section 21(1)(a) of the Health Information Act.