



CASA

Child, Adolescent and Family
Mental Health

Name: [Click hereto enter text.](#)

DOB: [Click here to enter text.](#)

ULI: [Click here to enter text.](#)

File No: [Click hereto enter text.](#)

Preschool Day Program Referral: Pre-Kindergarten and Kindergarten

Referral Criteria for PDP

- The child must meet age criteria for Pre-Kindergarten or Kindergarten
- The child must meet criteria for Program Unit Funding eligibility
- The child exhibits complex social-emotional and developmental needs
- Family 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 <i>(first, middle, last)</i>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth <i>(yyyy-Mon-dd)</i>	PHN/ULI	Home Phone	
Address	City	Province	Postal Code
Last School Attended			
Parent/Legal Guardian Name <i>(print)</i>		Parent/Legal Guardian <i>(print)</i>	
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? <input type="checkbox"/> No <input type="checkbox"/> Yes		Case Worker <i>(name)</i>	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 *(specify)* _____

Which community based services have been accessed?
(check all that apply. If possible, please provide documents with referral)

<input checked="" type="checkbox"/>	Services	Date	Location
<input type="checkbox"/>	Speech-Language Pathology		
<input type="checkbox"/>	Audiology		
<input type="checkbox"/>	Occupational Therapy/Physiotherapy		
<input type="checkbox"/>	Mental Health		
<input type="checkbox"/>	Psycho-educational		
<input type="checkbox"/>	Pre-Kindergarten/Headstart Program (IPP)		
<input type="checkbox"/>	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 purpose authorized by the HIA. Your information will be collected directly from you, except in limited circumstances where we are authorized by the HIA to indirectly collect such information. If you have any questions about this collection, please ask your care provider or contact our Privacy department.



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The CASA Preschool Day Program (PDP) is a tertiary-level, inter-disciplinary diagnostic and therapeutic educational resource for children aged 4 and 5 who are experiencing severe challenges managing or regulating their emotions and behavior 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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