



Affix patient label within this box

Early Childhood Intervention Program Referral Robin Hood
Sherwood Park/ Strathcona County/Leduc County/Fort Saskatchewan
Fax: 780.640.9404 Phone: 780.640.9401

Agency Referral
Date of Referral (yyyy-Mon-dd) Person Referring (Name)
Phone Fax
Phone Referral: To be completed by EIP Staff only
Time Referral Taken (hh:mm) Taken by
Source of Referral (Choose one)
Family Information
Child's First Name Last Name
Date of Birth (yyyy-Mon-dd) Premature? Male Female Personal Health Number
Has child's parent/guardian consented to the referral?
Main Language Interpreter required? Name of Interpreter
Mother Father
Address City Postal Code
Phone (home) (cell) (other)
Email Best time to contact family
Case Worker NA No Yes If yes, Name Phone Fax
Lives with foster parent Type of Guardianship Order NA Temporary Permanent Other
Child is waiting for or is currently involved with (check all that apply) Unknown
Concern or Diagnosis at Referral (Choose all that apply)
Comments