Fraser Developmental Clinic
261 - 610 Sixth Street New Westminster, BC, V3L 3C2
604 522 7979 tel 604 522 7994 fax fraserclinic@shaw.ca

INITIAL CONTACT FORM

Name_____ Gender_____ Age_____

Date of Birth_____ Grade_____

Parents/Guardian's Names_____

Home Phone_____ Cell Phone _____

Address_____

Type of Service requesting: Assessment_____

Reason for referral/concerns _____

_____

_____

Referring Physician _____

Pediatrician's Name (if different)_____

Previous Services/Assessments (note any reports attached):

- ☐ Pediatric Consult Letter
- ☐ SLP
- ☐ OT/PT
- ☐ Mental Health
- ☐ Supported Child Dev
- ☐ Behavior Consultant
- ☐ School
- ☐ Infant Development

Other Professionals Currently Involved:

- ☐ Ongoing Therapy _____
  _____
  _____
- ☐ Day Care _____
- ☐ School _____
- ☐ Supported Child Dev _____

Today's Date _____

Below to be completed by Fraser Developmental Clinic

Referral Received: _____

Intake Complete: _____

Apt. Planning	**Apt. Dates**