



Strongest Families BC Referral Form

Referral Checklist: Disruptive Behaviours ages 3 - 12

Strongest Families BC is a parent training program for disruptive behaviour in children aged 3 to 12.

Please print:

Child's Name: _____ DOB: ____ / ____ / ____ Gender: _____ PHN#: _____
mm dd yyyy

Parent/ Guardian Name: _____ Phone number: _____

Mailing address: _____

Postal Code: _____

Referring physician: _____ Phone: _____ Fax: _____

| Inclusion Criteria | Ineligible | Eligible |
|--|--|---|
| 1. Is the child 3–12 years of age? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 2. Does this child exhibit symptoms of disruptive, defiant or oppositional behaviour/ conduct or attention/concentration problems at home or school/daycare? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 3. Are these symptoms a regular feature of the child's behavior (not isolated instances)? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 4. Is the child's behaviour problem considered mild or moderate? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Exclusion Criteria | | |
| 1. Does this child have any of the following: Autistic spectrum disorder, early psychosis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Does this child have significant intellectual impairment that would interfere with a skill focused intervention program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Is the child's behaviour problem considered severe (i.e. child is at imminent risk of harming self; extreme conduct issues; or multiple severe co-morbid conditions)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| DO NOT refer if any answer appears in shaded column | do not refer <input checked="" type="checkbox"/> | ok to refer <input checked="" type="checkbox"/> |

Date: _____

Comments: _____

Fax completed/signed referral to: 1-877-688-3270

Strongest Families BC is offered in partnership with the Strongest Families Institute in Nova Scotia
Funding for Strongest Families BC provided by the Province of British Columbia

CMHA BC Division
Strongest Families BC
Toll-Free Fax: 1-877-688-3270
Toll-Free Phone: 1-855-297-4777
Strongestfamilies@cmha.bc.ca
Strongestfamiliesbc.ca