



Richmond
Mental Health
Services

Richmond Early Childhood Mental Health Program
7000 Westminister Hwy., Richmond, BC V6X 1A2
T: 604-278-9711 Local 4055 F: 604-233-5620

Early Childhood Mental Health Program - Referral (ages 0-5 years)

Paris ID # _____

Date: _____

Care Card #: _____

Name of child: _____
Last First

M F Birthdate: _____
Day /Month /Year

Mother's Name: _____
Last First

Languages
Child Speaks: _____

Father's Name: _____
Last First

Do you need an interpreter? Yes No
If so, one will be provided at no cost to the family.

Address: _____ Postal Code: _____

Home Phone: _____ Work / Other Phone: _____

Are Custody and Access Established? Yes No Please Describe _____

Do all Guardians agree with this referral? Yes No

Family Doctor: _____ Phone: _____ Fax: _____

Address: _____ Postal Code: _____

Preschool/Daycare (if applicable): _____

Description of concern: _____

Are there concerns about parental mental illness? Yes No

Are there concerns about parental substance use? Yes No

OTHER SERVICES INVOLVED: _____

CURRENT CHILD PSYCHIATRIST/PSYCHOLOGIST Yes No NAME _____

REFERRED BY:

Name: _____ Phone: _____

Address: _____ Agency: _____

RETURN COMPLETED FORM TO:

Richmond Early Childhood Mental Health Program
7000 Westminster Highway, Richmond, BC V6X 1A2
Phone #: 604-278-9711 Local 4055 Fax #: 604-233-5620