

Confident Parents Thriving Kids

Referral form

Confident Parents: Thriving Kids is a phone-based coaching program to help parents develop skills effective in reducing mild to moderate anxiety or behaviour problems in children ages 3–12.

Please complete and return by fax or email to the contacts listed below. For more information or referral forms, please visit www.ConfidentParentsBC.ca

Referral forms must be completed by a physician, Child and Youth Mental Health (CYMH) clinician or Aboriginal Child and Youth Mental Health (ACYMH) clinician. Only completed referral forms will be accepted.

Note: The Behaviour Program will begin accepting referrals from CYMH and ACYMH clinicians in Fall 2019.

Please print or type

Referral date: _____

Child's name: _____ Date of birth: _____ Gender: _____
(MM/DD/YYYY)

Parent/guardian name: _____ Relationship to child: _____

Address: _____ City: _____ Postal code: _____

Home phone: _____ Cell phone: _____ Email: _____

Referring physician/clinician: _____ Phone: _____ Fax: _____

Criteria

- Please indicate if the child:
- Is between 3 and 12 years of age
 - Is a resident of British Columbia
 - Is exhibiting ongoing **mild to moderate anxiety or behaviour problems** that negatively impact the child's ability to function at home, at school or in their community
 - Has **not** been diagnosed with or pending diagnosis for FASD, autism spectrum disorder, or significant intellectual impairments or cognitive delay
 - Does **not** exhibit severe to extreme impairment in mood, emotion, self-harm or substance use

The program offers two separate streams to address **EITHER** behaviour or anxiety problems. Please indicate if the primary concern for this referral is:

mild to moderate **behaviour** problems

Please send Behaviour Program referrals to:

Fax 1-877-688-3270 or

Email confidentparents@cmha.bc.ca

OR

mild to moderate **anxiety** problems

Please send Anxiety Program referrals to:

Fax 1-778-247-0127 or

Email cptk.anxiety@cmha.bc.ca

Referrer comments _____

Referrer signature _____

The parent/guardian has given verbal consent for their information to be provided to the Canadian Mental Health Association, BC Division to assess eligibility for intake into the program

(April 2019)