

# 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](http://www.ConfidentParentsBC.ca)

Referral forms must be completed by a physician or nurse practitioner. Only completed referral forms will be accepted.

**Note:** The Anxiety Program also accepts referrals from Child and Youth Mental Health (CYMH) clinicians, Aboriginal Child and Youth Mental Health (ACYMH) clinicians and psychologists.

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](mailto: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](mailto: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

(Dec 2019)