

# 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