

Confident Parents Thriving Kids ANXIETY PROGRAM

Referral Form

Confident Parents: Thriving Kids - Anxiety is a phone-based coaching program to help parents develop skills effective in reducing mild to moderate anxiety 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.ConfidentParents.ca

Referral forms must be completed by a physician, nurse practitioner, psychologist, child and youth mental health clinician, teacher, school counsellor, registered counsellor, registered social worker, or early childhood educator.

Only complete referral forms will be accepted.

Please print or type

Referral date: _____

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

Parent/Caregiver name(s): _____ Relationship to child: _____ Gender: _____

Address: _____ City: _____ Postal code: _____

Primary phone: _____ Email: _____

Preferred method of communication: Phone Email SMS

Referrer name: _____ Role: _____

Phone: _____ Fax: _____ Email: _____ Organization: _____

Eligibility Criteria

Please indicate if the child:

- | | |
|--|--|
| <input type="checkbox"/> Is between 3 and 12 years of age and a resident of BC | <input type="checkbox"/> Does not exhibit extreme to severe impairment in mood, emotion, aggressive behaviour, self harm or substance use |
| <input type="checkbox"/> Is exhibiting ongoing mild to moderate anxiety that negatively impact the child's ability to function at home, at school or in their community | <input type="checkbox"/> Anxiety is not due to factors such as trauma, eating disorder, family conflict or caregiver mental health |
| <input type="checkbox"/> Has not been diagnosed with FASD, autism spectrum disorder or an intellectual disability | <input type="checkbox"/> Parent/Caregiver is fully able to participate in a parent/caregiver-led telephone-based/virtual program |

Consent

- 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 and communicate with the practitioner submitting this referral.

Referrer comments

Please send anxiety program referrals to:

Fax 1-778-247-0127 or

Email cptk.anxiety@cmha.bc.ca

Referrer signature _____