



## Strongest Families Referral Form

Fax to: 1-866-470-7222

Strongest Families provides a prescribed and customized cognitive behavioral therapy program to children ages 3-17 and their families over a 12-week period for mild to moderate anxiety and behavioural issues as an early intervention response. The program supports children and youth with anxiety, behavioural difficulties (e.g., symptoms related to oppositional defiance, attention deficit/hyperactivity disorder and bullying behaviours) and nighttime bedwetting. Strongest Families provides timely care to families by teaching positive parenting and coping skills through a distance coaching approach over the phone and Internet in the comfort and privacy of the family's home. Families are contacted within 24-48 business hours of the referral being received.

### CHILD / YOUTH SECTION *(please print)*

Child's Name: _____		
Date of Birth (dd/mm/yy) _____	Gender: _____	MCP #: _____
Child's Main Presenting Concern: _____ Behaviour (3-12 years)		
_____ Anxiety (6-17 years)		
_____ Nighttime Bedwetting (5-12 years)		

### PARENT / LEGAL GUARDIAN SECTION *(please print)*

Parent/Guardian Name: _____	
Phone #: _____ (home) _____ (cell) _____ (work – if you can take calls)	
Best days/nights/times to call to book an apt.: _____	Email address: _____
Mailing Address: _____	
_____ Postal Code: _____	

### REFERRAL SOURCE SECTION *(please print)*

Name: _____	Phone #: _____	Fax #: _____
Check one: _____ Mental Health and Addictions	Health Region: _____ Eastern	
_____ School -Teacher/Guidance Counsellor	_____ Central	
_____ Child Youth Family Services	_____ Western	
_____ Nurse	_____ Labrador-Grenfell	
_____ Physician		
_____ Other		
Send Correspondence (i.e. progress reports): _____ Yes _____ No <i>(pending parental consent)</i>		

**Exclusionary criteria:** Children requiring more intensive support should be referred to their local mental health and addictions office. Examples include those who are at imminent risk to harm self and/or others, active psychosis, current significant involvement in the criminal justice system with severe presenting issues, and/or active youth substance abuse/dependency issues. Questions regarding program fit can be directed to Kati LaVigne at 1-902-442-9522 or email [klavigne@strongestfamilies.com](mailto:klavigne@strongestfamilies.com) / [www.strongestfamilies.com](http://www.strongestfamilies.com).

**Please Note:** Availability of this program is based on first come first serve as funding allows.