



# Cochrane Temiskaming Children's Treatment Centre Centre de traitement pour enfants Cochrane Temiskaming

733 est avenue Ross Avenue East - Suite / Local 1 Timmins, Ontario P4N 8S8  
Telephone (705)264-4700 - Toll Free / Sans frais 1-800-575-3210 - Fax (705) 268-3585  
Website/ site web : [www.ctctc.org](http://www.ctctc.org); e-mail / courrier électronique : [info@ctctc.org](mailto:info@ctctc.org)

<b>Date referral completed via CT CTC's Website: (mm/dd/yy)</b>		
<b>Parent(s)/Guardian(s) consented to the Referral:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> NO

REFERRAL SOURCE INFO		
<b>Referral Source Name:</b>	<b>Telephone:</b>	<b>Ext:</b>
<b>Please select applicable referral source below:</b>		
<input type="checkbox"/> parents <input type="checkbox"/> grandparents <input type="checkbox"/> school/daycare	<input type="checkbox"/> IDP/CTRC <input type="checkbox"/> ISC <input type="checkbox"/> NEOFACS	<input type="checkbox"/> NE-LHINS <input type="checkbox"/> PHU/THU <input type="checkbox"/> medical professional <input type="checkbox"/> hospital
<input type="checkbox"/> OTHER (Please provide name, relation and contact info):		

CLIENT INFORMATION:		
<b>Last name:</b>	<b>First name:</b>	
<input type="checkbox"/> F <input type="checkbox"/> M	<b>DOB (mm/dd/yy):</b>	
<b>Language spoken at home:</b> <input type="checkbox"/> FR <input type="checkbox"/> ENG <input type="checkbox"/> OTH	<b>Service language preference:</b> <input type="checkbox"/> FR <input type="checkbox"/> ENG	<b>Documentation language preference:</b> <input type="checkbox"/> FR <input type="checkbox"/> EN
<b>ADDRESS:</b>		
<b>TELEPHONE:</b>		
<b>SCHOOL:</b>	<b>GRADE:</b>	
<b>LIVES WITH:</b>	<input type="checkbox"/> biological parents <input type="checkbox"/> mother only <input type="checkbox"/> father only <input type="checkbox"/> blended family <input type="checkbox"/> adoptive family <input type="checkbox"/> foster family <input type="checkbox"/> OTHER (please specify):	

PARENT/GUARDIAN INFORMATION:						
<b>NAME:</b>	<b>Mother/Guardian</b>			<b>Father/Guardian</b>		
<b>ADDRESS:</b>	<input type="checkbox"/> same as client			<input type="checkbox"/> same as client		
<b>TELEPHONE:</b>	<b>H:</b>	<b>C:</b>	<b>W:</b>	<b>H:</b>	<b>C:</b>	<b>W:</b>
	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Text <input type="checkbox"/> E-Mail <input type="checkbox"/> Other					
<b>PREferred METHOD OF CONTACT :</b>						
<b>Please provide additional details, as necessary:</b>						

CONCERNS DETAILS: