



ADHD – Referral Form

All ADHD referrals **must** include a completed WEISS Symptom Record and SNAP IV-26 forms (parent and teacher).

Both forms can be downloaded at:

<https://www.caddra.ca/public-information/children/forms/>

Please have parent and teacher complete forms evaluating child's behaviour over the past 6 months.

PATIENT INFORMATION:			
Date of Referral:			
Name:			
Home Address:			
Gender:		Date of Birth:	____ / ____ / ____ DD MM YYYY
Health Card # (including version code):		SH # (if available):	
Home Phone #		Cell Phone #:	
Parent/Guardian:		Language Preferred:	<input type="radio"/> English <input type="radio"/> French
REFERRING SOURCE:			
Name of referring source:			
Telephone Number:			
Fax Number:			
HEALTH CARE PROVIDERS:			
Name of Family Physician / Nurse Practitioner:			
Name of Pediatrician:			
MEDICAL INFORMATION:			
Has the child been diagnosed with ADHD?	<input type="radio"/> Yes <input type="radio"/> No	Date of Diagnosis:	
Brief Medical History & Current Medications/Supplements:			

The patient will be contacted to have their appointment/intake booked. Fax form to: **(705) 523-8600**.