CASA Child, Adolescent and Family Mental Health

CASA Weber Centre
1560, 5555 Calgary Trail
Edmonton, AB T6H 1P7
Phone: 780 400 4503
Fax: 780 435 6261

Referral Form - TAG (Trauma & Attachment Program)

Referral to: TAG 1 ☐ Teen TAG ☐

Child's Name: ____ Gender: ______ Age: _____ DOB: ______________

Address: ____ Postal Code: _____________

Phone #: ___________________ Alt Phone #: _______________________ PHN: ______________________________

Caregiver/Parents' Names: ____________________________________ ____

Who is/are the legal guardian(s)? _______________________________ Relationship:_____________________________

CFS Status: *(circle one)* TGO PGO None Is this child adopted? _______ Is this child in a foster home? _____

Social Worker/Case Manager: _______________________________________ Phone #: ___________________________

Current Mental Health Therapist: _________________________ Current Child Psychiatrist: ________________________

Follow Up Therapist and/or Child Psychiatrist (if different from above): ____

Concerns, Reasons for Referral: ____

____

Current Medication: ____

Current Diagnosis: *must have a diagnosis of Reactive Attachment Disorder or other significant attachment disorder and PTSD - developmental type; may be at subclinical level; history of neglect, abuse.*

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The Caregivers advised of 30 week commitment required, and willing and able to participate: *(circle one)* **Y** **N**

The child/adolescent has been in the home for at least 12 months: *(circle one)* **Y** **N**

Is there a plan to move the child/adolescent from the home? *(circle one)* **Y** **N**

What is the status of contact with biological parents and/or previous caregivers?

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Required Document: *(indicate those attached)*
___ Current (within previous 12 months) typed mental health assessment

Helpful Documents:
___ Summary of medical history from family physician or pediatrician
___ Current (within the previous 12 months) psychological assessment, including WISC.

________________________________ ____________________ ________________________________ __________
Name of Referring Professional *(print)* Phone # Signature Date