



Eastern Door Centre

Date Rec'd:

342 Big Cove Rd, Elsipogtog, NB E4W 2S6

Director: Dr. Lori Vitale Cox

Contact: Carla Milliea, Administrator (506) 523-4608 Fax: (506) 523-8234

Email: carlamilliea@elsipogtogschool.ca

Referral Form

Youth's Name: _____ Female Male

Date of Birth: _____ Age: _____

Address: _____

Community: _____ Postal Code: _____

Telephone/ Contact Phone #(s): _____

Person making the referral: _____ Self-Referral

Relationship to youth: _____ Contact Phone _____

Agency if applicable: _____

Have you explained the referral to the family or youth (if 16 or over) _____

Family Information

Guardian's Name: _____

Birth Mother's Name: _____

Birth Father's Name: _____

Foster Parent's Name: _____

1. Why are you requesting an assessment at this time?

2. What are the behavioral and/or learning problems that concern you?

3. Are you aware of pre-natal substance use or post-natal trauma?

Alcohol Tobacco Drug _____

Post-natal Trauma (describe) _____

4. Other Comments: _____

