



Surrounded by Cedar Child and Family Services Child and Youth Counselling Program

1031 Vancouver St Victoria BC V8V 4T6
Phone: (250) 383-2990 Fax: (250) 383-2509

Date: _____

Child's information:

Name: _____ Birthdate/Age: _____ M or F
Month / Day / Year

Address: _____

Phone: _____

Aboriginal Community: _____

Child's Social Worker: _____
(Name and Phone #)

School: _____
(Name and Phone#)

Caregiver's information:

Name of Parent/Legal Guardian: _____

Address/Phone: _____

Name of Caregiver (Foster/Relative): _____

Address/Phone: _____

Referral Source:

Name: _____

Agency Name: _____

Phone: _____

Presenting Issues/Reason for Referral:

List any Special Needs/Considerations:

List all other services or agency involvement that the child participates in:

Please fax or e-mail this referral to Lisa George, Aboriginal Child and Youth Counsellor
at (250) 383-2509 or lisa@sccfs.com