Confident Parents
Thriving Kids BEHAVIOUR PROGRAM

Canadian Mental Health Association
British Columbia
Mental health for all

Referral Form

Confident Parents: Thriving Kids Behaviour is a phone-based coaching program to help parents develop skills effective in reducing mild to moderate behaviour problems in children ages 3–12

Please complete and return by fax or email to the contacts listed below.
For more information or referral forms, please visit **www.ConfidentParents.ca**

Referral forms must be completed by a physician or nurse practitioner.

Please print or type

Referral date: _____

Child's name: _____ **Date of birth:** _____ (MM/DD/YYYY) **Gender:** _____ **Sex:** _____

Parent/Caregiver name(s): _____ **Relationship to child:** _____ **Gender:** _____

Address: _____ **City:** _____ **Postal code:** _____

Primary phone: _____ **Email:** _____

Physician/NP name: _____ **Role:** _____

Phone: _____ **Fax:** _____ **Email:** _____ **MSP number:** _____

Please Note: All criteria boxes must be checked off to be eligible for referral. Only completed referral forms will be accepted.

Eligibility Criteria

Please confirm that the child:

- ☐ Is between 3 and 12 years of age and a resident of BC.
- ☐ Resides with referred parent a minimum of 50% of the time.
- ☐ Is exhibiting ongoing mild to moderate behaviours that negatively impact the child's ability to function at home, at school or in their community.
- ☐ Has **not** been diagnosed with FASD, autism spectrum disorder or significant intellectual impairments or cognitive delay.
- ☐ Does **not** exhibit extreme to severe impairment in mood, emotion, aggressive behaviour, self harm or substance use.

Consent

- ☐ The parent/guardian has given verbal consent for their information to be provided to the Canadian Mental Health Association, BC Division to assess eligibility for intake into the program and communicate with the practitioner submitting this referral.

Referrer comments

Please send behaviour program referrals to:
Fax 1-877-688-3270 or
Email confidentparents@cmha.bc.ca

Referrer signature _____

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