

**NORTHERN HEALTH ASSESSMENT NETWORK (NHAN)
For Complex Developmental Behavioral Conditions and Autism**

Dear Referral Source,

Please find enclosed the **Northern Health Assessment Network (NHAN)** referral form for the Complex Developmental Behavioral Conditions (CDBC) network and the BC Autism Assessment Network (BCAAN).

NHAN provides diagnostic assessments for children and youth (ages 18 months – 18 years)

- who may have an intellectual development disorder.
- who may have confirmed or suspected prenatal substance exposures, such as alcohol, that may be significantly impacting their development.
- with a genetic disorder where there are additional developmental concerns.
- with a complex presentation beyond the scope of the community health teams which indicates the need for a specialized assessment

As we are a **diagnostic only** service, we do not provide intervention, management services or ongoing support. Requests for updated psychoeducational assessments should be directed to the child's school or to a private psychology clinic.

Our program accepts referrals from Family Practitioners, Pediatricians, Psychiatrists, and Nurse Practitioners. Where autism spectrum disorder (ASD) is suspected, a Speech-Language Pathologist may also refer.

The following required documents must be submitted to NHAN in order for us to process your referral in an appropriate and timely manner:

- Include a **fully completed** NHAN referral form. Incomplete forms will be returned.
- Include a **detailed** consult letter supporting the request for referral
 - Consult letters for **CDBC** referrals should outline the child's **significant difficulties in multiple areas of functioning** (such as development, cognition, learning, social skills, adaptive skills, mood, behaviours). Confirmed or suspected exposure to substances must also be included.
 - Consult letters for **ASD** referrals should identify historical and current behaviours and concerns in the areas of **social communication, restricted interests, and repetitive behaviours**.
- Include any consults, birth records, and other reports you have on file that support the referral.

Should you require additional information regarding our program call 250-645-7700.

Sincerely,



Crystal Martin, MA
Clinical Coordinator
Northern Health Assessment Network



Complex Developmental Behavioural Conditions (CDBC) and BC Autism Assessment (BCAAN) Networks

Northern Health Assessment Network (NHAN)
1444 Edmonton Street 1st Floor Prince George BC V2M 6W5
PH: 250.645.7700 FAX: 250.645.7975



PATIENT REFERRAL FORM (for children and youth up to their 19th birthday)

* For URGENT/EMERGENT Mental Health referrals, please refer to appropriate services(s)*

SUPPORTING DOCUMENTATION should include:

- Your consult letter outlining areas of significant concerns or difficulties
Page 2 of referral concerns
Other consultations (if available) from: IDP SLP OT/PT Psychology Other:

PATIENT INFORMATION (please print)

REFERRAL DATE:

Child's name: (Last) (First) (Middle)

Date of birth (yyyy/mm/dd): BC PHN#: Male Female Other

Address where child lives: (City) (PC)

Phone numbers: (Home) (Work) (Other)

Child lives with: Mother Father
Alternate/Foster Name:
Phone numbers: (Home) (Work1) (Work2) (Cel 1) (Cel 2) (Other)

Legal Guardian's name & address (if different from above)
Name:
Address: (City) (PC)
MCFD Other:
Day phone: Other phone:

Interpreter needed? Yes No If yes, what language(s)?

PRIMARY REASON(S) FOR REFERRAL

- Query Fetal Alcohol Spectrum Disorder Query Complex Developmental Concerns Query Autism Spectrum Disorder

Is the LEGAL GUARDIAN aware of the primary reason for referral? Yes No Why not?

IN ADDITION TO DIAGNOSIS, ARE THERE QUESTIONS YOU OR THE FAMILY WOULD LIKE ANSWERED?

Is hearing a concern? Yes No If yes, has hearing test been Initiated Completed

Is vision a concern? Yes No If yes, has vision test been Initiated Completed

Known Medical Diagnoses (including genetic disorders, physical impairments, etc):

PHYSICIAN INFORMATION

Referring Physician's Name: (Last) (First) BC MSC #

- Pediatrician Family Practitioner Psychiatrist Other Medical Specialist:

Address:

Phone #s: Fax #s:

Physician's Signature (mandatory)

Complex Developmental Behavioural Conditions (CDBC)
and BC Autism Assessment (BCAAN) Networks (March 2016)

The **CDBC Program** diagnostic assessment services are intended for children and youth who have significant difficulties in multiple areas of function including those with known or suspected history of exposures to substances with neurodevelopmental effects.

Referral from **pediatricians or child psychiatrists** is required (with exceptions based on access).

CDBC Referrals require a detailed consult. Please indicate if you have concerns about the following:

- Development, Cognition, and Learning** – developmental history and current concerns
- Adaptive and Social Skills** – self care, interpersonal skills, safety, etc.
- Mental Health and Behaviour** – regulation, attention, mood, etc.
- Bio Markers** – documented or substantiated evidence of exposure to environmental agents including alcohol. Dysmorphic features, suspected syndrome or observable abnormalities. Include face and growth measurements if available (FASD specific)

Additional Comments:

BCAAN provides diagnostic assessments for those with **suspected Autism Spectrum Disorder** and accepts referrals from **all physicians**.

Please indicate if you have concerns about the following:

- Mental Health/Behaviour Cognition/Developmental Delay Language

Please indicate your level of concern in each domain and provide examples of behaviours that support it:

<p>Social Communication</p> <p><input type="checkbox"/> Unknown/no concern</p> <p><input type="checkbox"/> Level 1 - noticeable impairments in social communication; difficulty initiating social interactions.</p> <p><input type="checkbox"/> Level 2 - moderate deficits in verbal and nonverbal social communication; limited initiation of social interactions; reduced response to social overtures.</p> <p><input type="checkbox"/> Level 3 - severe impairment in functioning; severe impairment in verbal and nonverbal social communication; difficulty initiating social connections; not responding to social overtures; inability to make friends; disconnected conversations.</p> <p>Examples: _____</p> <p>_____</p>	<p>Repetitive Behaviours</p> <p><input type="checkbox"/> Unknown/no concern</p> <p><input type="checkbox"/> Level 1 - noticeable inflexibility of behaviours cause significant interference with functioning.</p> <p><input type="checkbox"/> Level 2 - moderate inflexibility of behavior; difficulty coping with change; obvious repetitive behaviours cause impairment in functioning.</p> <p><input type="checkbox"/> Level 3 - severe inflexibility or repetitive behaviours cause significant functional issues; difficulty changing focus; extreme difficulty coping with change.</p> <p>Examples: _____</p> <p>_____</p>
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Who is concerned about these behaviours? Guardian School Other professional (i.e. SLP, OT) _____

Attach copies of all documents that support this referral (i.e. school or daycare reports, speech and language reports, IDP reports).

Please mail or fax Referral Form (Page 1 and 2) and send copies of all relevant consults, reports, and medical investigations to: Northern Health Assessment Network 1444 Edmonton Street 1st Floor Prince George BC V2M 6W5
PH: 250.645.7700 FAX: 250.645.7975