Ridge Meadows
Child Development Centre Society
a family centered home and community based pediatric therapy centre

201 - 21755 Lougheed Hwy., Maple Ridge, BC V2X 2S2 Tel: 604.463.0881 Fax: 604.463.0026 www.rmcdc.com

ADHD PARENTING TRAINING REQUEST FOR SERVICE

Child's Name: _____ Date: _____
(surname) (given)
D.O.B.: _____ Sex: ____ F ____ M Personal Health #: _____

Aboriginal Heritage: ____ Yes ____ No Language(s) spoken:_____ Interpreter Required? ____ Yes ____ No

Child resides with: ☐ Both Parents ☐ Parent #1 only ☐ Parent #2 only ☐ Foster family ☐ Other _____

Legal Guardian is: ☐ Both Parents ☐ Parent #1 only ☐ Parent #2 only ☐ Social Worker ☐ Other _____

#1 Parent/Guardian Name: _____ Email : _____

Address: _____ Postal Code: _____

Parent/Guardian Home Phone: _____ Cell Phone: _____ Work Phone:_____

#2 Parent/Guardian Name: _____ Email : _____

Address: _____ Postal Code: _____

Parent/Guardian Home Phone: _____ Cell Phone: _____ Work Phone:_____

Siblings (number and ages): _____

Grade: _____ School: _____

Physician Child Sees Most Frequently: _____ Phone: _____

Other Agencies/Professionals Involved: _____

_____

Diagnoses: _____

Medications: _____

Primary Concern(s): _____

_____

Previous parenting training program(s) _____

_____

Availability for weekly meetings (check all possibilities): ____ (mornings) ____ (afternoons) _____ (evenings)

I, _____, have discussed this
(name, agency, address, and phone number of the person requesting service)
request for service with the above mentioned parent/guardian of the child.

Revised Jan 2021