



A REASON TO HOPE. THE MEANS TO COPE.  
BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY

## Kids In Control Registration Form

(for children that have a parent with a mental illness)

Referring agency (or person): \_\_\_\_\_

Name of child: \_\_\_\_\_

Name of parents: \_\_\_\_\_

Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

Alternate number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Allergies or medication: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Parent who has a mental illness diagnosis: \_\_\_\_\_

What is the diagnosis (depression, schizophrenia, bipolar, anxiety disorder,  
PTSD, etc.): \_\_\_\_\_

Does the child know about the diagnosis: \_\_\_\_\_

If not which is the level of the child's awareness of the illness: \_\_\_\_\_  
\_\_\_\_\_

Who are this child's natural and professional supports: \_\_\_\_\_  
\_\_\_\_\_

Has the child been in the group before: \_\_\_\_\_

What are your child's favourite activities: \_\_\_\_\_  
\_\_\_\_\_

Is assistance with transportation required: \_\_\_\_\_

Any other comments or concerns: \_\_\_\_\_

Please email this referral form to Kashmir Besla, BC Schizophrenia Society,  
kashmirb@hotmail.com or call (778) 218-1180.