

## FAMILY PERSPECTIVE CONSULTATION FORM

### ICR FAMILY REPRESENTATIVE

Date of Phone Call:

Year / Month / Day

Family Representative:

Family Member's Name:

☐ Male ☐ Female

Last

First

Relationship to Child / Youth:

Child lives with this Caregiver:

☐ Yes ☐ No

### PRESENTATION OF THE FAMILY PERSPECTIVE

As a Family Representative, you are responsible for presenting the family perspective to the Review Committee Clinical Reviewers at the Clinical Review Meeting. However, families must be given the opportunity to present their own perspective if they so choose.

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The family will present their own family perspective at the Clinical Review Meeting

Name of family member who will present: \_\_\_\_\_

### NOTES

In the space below, please outline any information the family had to add to the information they initially provided on the *Family Request Form*.

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