



# HEALTHY BABIES HEALTHY CHILDREN PROGRAM REFERRAL FORM

PARENT / GUARDIAN NAME	DATE OF BIRTH
ADDRESS	DUE DATE
PHONE NUMBER	
PARTNERS NAME	DR./MIDWIFE/NP

## CHILDREN:

NAME	DOB	NAME	DOB

**Areas of Concern** (please circle): Single parent, first-time parent, finances, housing, mental/emotional health, lack of support(s)/isolation, family dynamics, substance abuse, learning ability/education, concern with growth & development, new to community/country

Additional Comments:

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Date \_\_\_\_\_ Referral Source \_\_\_\_\_

Completed by \_\_\_\_\_ Phone No. \_\_\_\_\_

Client has given permission for transfer of this information to the Health Unit

YES



To make a referral:

Phone: 625-8814

Fax: 628-8664

Website: [www.tbdhu.com](http://www.tbdhu.com)

Information is collected under the authority of the Health Protection and Promotion Act R.S.O. 1990, as amended and in accordance with the Municipal Freedom of Information and Protection of Privacy Act R.S.O.1990. This information will be used for screening, assessment, management, treatment, and reporting purposes. Questions regarding the collection of this information should be addressed to the Healthy Babies, Healthy Children Program, Thunder Bay District Health Unit, 999 Balmoral Street, Thunder Bay, Ontario. P7B 6E7. Telephone (807) 625-8814.