Thunder Bay District Health Unit

HEALTHY BABIES HEALTHY CHILDREN PROGRAM
AGENCY/PROVIDER REFERRAL FORM

Agency Name: Form completed by: ☐ **Agency Staff** ☐ **HU Staff**

Provider's Name: Phone: Date:

HBHC can assist with-risk individuals who are pregnant, have recently had a baby and/or are a family with children up until the age of 6. Please complete the referral and our program will screen the client/family to best meet their needs.

With-risk: A family is determined to be with risk, if there is a serious likelihood that a child may not reach their potential and the family may benefit from more intensive HBHC Program services (e.g., blended home visiting services, service coordination, etc.)

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

PARENT/GUARDIAN NAME:	**DATE OF BIRTH:** (YYYY-MM-DD)
Can this parent/guardian sign consents for screening/assessment and referrals for children below? ☐ Yes ☐ No If no, name/contact information of individual with authority to sign:	
ADDRESS:	**PHONE #:**
Additional Contact Information:	**Due Date if pregnant:** (YYYY-MM-DD)
PARTNERS NAME:	**DATE OF BIRTH:** (YYYY-MM-DD)
PRIMARY HEALTH CARE PROVIDER (if known):	

CHILDREN:

NAME	**DOB** (YYYY-MM-DD)	**NAME**	**DOB** (YYYY-MM-DD)

Please indicate areas of concern:

☐ Single parent ☐ First-time parent ☐ Finances ☐ Mental/emotional health
☐ Family dynamics ☐ Lack of support(s)/isolation ☐ Domestic violence ☐ Substance misuse
☐ Learning ability/ education ☐ Growth & development ☐ Housing ☐ New to community/ country

Please identify if there is any additional information that can be helpful when working with this client/family. In addition, please inform of guardianship/custody/access/legal/safety issues **or** concerns about other individuals (in/out of home) HBHC staff should be aware of when working with this client/ family.

Date: Time: Location:

HBHC Staff may be in contact with the provider indicated above prior to contacting the client.
To make a referral: Phone: 625-8814 Fax: 628-8664

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.