Healthy Families Referral Form

Lakelands Public Health offers free, confidential, and voluntary programs to support healthy child development: Healthy Babies Healthy Children (HBHC), Nurse-Family Partnership (NFP), Infant Feeding and Development and the Infant and Child Development Program (ICDP). Please complete the following form and mail or fax it to Lakelands Public Health at 705-741-4261.

If you experience any issues, please call 1-844-575-4567 or email: HealthyFamilies@lakelandsph.ca

Our mailing address:
Lakelands Public Health, 185 King St, Peterborough, ON K9J 2R8

Date of Referral:		**Client Consents to Referral (required):**	☐ No ☐ Yes
Parent/Guardian:		Expected Delivery Date (dd/mm/yyyy):	
Date of Birth (dd/mm/yyyy):		Gravida (# of pregnancies):	Parity (# of births):
			First Child/ First Time Parenting ☐
Address:			
Phone		Email	

Other household members (please include name, DOB, relationship to client):

First and last name	*DOB*	*Relationship to client*

Reason for Referral *(check all that apply)*:	
☐ Prenatal education and support	☐ Financial or housing concerns
☐ Infant/child development and/or growth concerns	☐ Isolation and/or communication barrier
☐ Infant/child feeding and/or nutritional concerns	☐ Lack of social support
☐ Parenting education and support	☐ Substance use (current or history of)
☐ Other:	☐ Mental health concerns

Additional Information:

Safety Issues:

Are there identified risks to safety, if visiting this family in their home?	☐ No ☐ Yes, if yes please explain:

Interpretation:

Are interpretation supports required?	☐ No ☐ Yes, if yes please indicate preferred language:
Client consents to sharing contact information with interpreter service provider:	☐ No ☐ Yes

Referred by:

Name		Agency		Phone	

The information on this referral form is collected under the authority of the Health Protection and Promotion Act applicable to privacy legislation. Information will be used for the delivery of public health programs and services. Any questions about the collection of this information should be directed to: Privacy Officer, Lakelands Public Health.