



# Healthy Babies Healthy Children and Nurse Family Partnership | Referral Form

Lakelands Public Health offers free, confidential, and voluntary programs to support healthy child development: Healthy Babies Healthy Children (HBHC) and Nurse-Family Partnership (NFP). 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](mailto:HealthyFamilies@lakelandsph.ca)

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

Date of Referral:				<b>Client Consents to Referral (required):</b>	<input type="checkbox"/> No	<input type="checkbox"/> 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 <input type="checkbox"/>							
Address:							
Phone:				Email:			
Other household members (please include name, DOB, relationship to client):							
<i>First and last name</i>		<i>DOB</i>		<i>Relationship to client</i>			
<b>Reason for Referral (check all that apply):</b>							
<input type="checkbox"/> Prenatal education and support			<input type="checkbox"/> Financial or housing concerns				
<input type="checkbox"/> Infant/child development and/or growth concerns			<input type="checkbox"/> Isolation and/or communication barrier				
<input type="checkbox"/> Infant/child feeding and/or nutritional concerns			<input type="checkbox"/> Lack of social support				
<input type="checkbox"/> Parenting education and support			<input type="checkbox"/> Substance use (current or history of)				
<input type="checkbox"/> Other:			<input type="checkbox"/> Mental health concerns				
<b>Additional Information:</b>							
<b>Safety Issues:</b>							
Are there identified risks to safety, if visiting this family in their home?					<input type="checkbox"/> No	<input type="checkbox"/> Yes, if yes please explain:	
<b>Interpretation:</b>							
Are interpretation supports required?			<input type="checkbox"/> No <input type="checkbox"/> Yes, if yes please indicate preferred language:				
Client consents to sharing contact information with interpreter service provider:					<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Referred by:</b>							
Name:				Agency:			
				Phone:			
<p>Personal and personal health information provided on this form is collected under the authority of the Health Protection and Promotion Act. The information will be used for the purpose of delivering the Healthy Babies Healthy Children Program, the Infant and Child Development Program or the Nurse Family Partnership Program and will be handled in accordance with the Municipal Freedom of Information Protection of Privacy Act and the Personal Health Information Protection Act. Questions about the collection, use and disclosure of this information may be directed to the Privacy Officer at 1-844-575-4567.</p>							