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), 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:	

We collect, use, and disclose your personal and personal health information under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7, s.5, the Regulated Health Professions Act, R.S.O. 1991, c. 18, the Nursing Act, R.S.O. 1991, c. 32, the Child, Youth and Family Services Act, 2017, S.O. 2017, c. 14, Schedule 1, the Ministry of Community and Social Services Act, R.S.O. 1990, c. M.20, the Immunization of School Pupils Act, the Child Care and Early Years Act (CCEYA), S.O. 2014, s.35 and its Regulations, and/or the Health Care Consent Act, R.S.O.. This information is collected for the purpose of assessing, keeping records, and reporting. Information will be collected, used, and disclosed in accordance with the Personal Health Information Protection Act (PHIPA), 2004, S.O. 2004, c.3. Should you have any questions about this collection of information, please contact the Health Unit's Designated Privacy Officer, 200 Rose Glen Road, Port Hope, Ontario, L1A 3V6 or call 1-844-575-4567.