

## Coordinated Referral Form for Healthcare Providers (Prenatal to Start of School)

<p><b>Referral Source Name</b> Click or tap here to enter text.</p> <p><b>Phone Number</b> Click or tap here to enter text.</p> <p><b>Fax Number</b> Click or tap here to enter text.</p>	<p><b>All referral forms to be faxed to:</b></p> <p style="text-align: center;"><b>905-825-8821</b></p> <p style="text-align: center;">They will be received by staff at Halton Region.</p>
<p><b>Parent/Guardian Information</b></p> <p><input type="checkbox"/> <b>Parent/Guardian has consented to this referral.</b></p> <p>Name of Parent/Guardian: Click or tap here to enter text.</p> <p>Relationship to Child: Click or tap here to enter text.</p> <p>Address: Click or tap here to enter text.</p> <p>City: Click or tap here to enter text.</p> <p>Phone: (H) Click or tap here to enter text.</p> <p>Phone: (O) Click or tap here to enter text.</p> <p><input type="checkbox"/> <b>Parent/Guardian has consented to communicate via email:</b></p> <p><b>Email Address:</b> Click or tap here to enter text.</p> <p><b>Interpreter Required:</b>     <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p><b>Language:</b> Click or tap here to enter text.</p>	<p><b>Child Information</b></p> <p>Name of Child: Click or tap here to enter text.</p> <p>Address:     <input type="checkbox"/> Same as parent/guardian</p> <p>If different, please list: Click or tap here to enter text.</p> <p><b>Date of Birth of Child or Estimated Date of Delivery:</b> (DD/MM/YY): Click or tap to enter a date.</p>
<p><b>Referral Information</b> (e.g., presenting concerns, relevant history, other services involved):</p> <p>Click or tap here to enter text.</p>	
<p><b>Referral to the following Halton Region programs requested</b></p> <p><input type="checkbox"/> Infant/child development services</p> <p><input type="checkbox"/> Childcare Subsidy (Social/Medical referral)</p> <p><input checked="" type="checkbox"/> Healthy Babies, Healthy Children (HBHC) program</p>	
<p>For other programs and services for children please visit <a href="https://www.halton.ca/physicians">https://www.halton.ca/physicians</a></p>	
<p><b>Consent:</b></p> <p><b>The Regional Municipality of Halton</b> is part of a network of Agencies providing services to children/families in the Halton Region in the early years. The Intake Worker will make referrals on your behalf and forward it to the identified agency program.</p> <p><input type="checkbox"/> I give my written permission for this intake to be completed and forwarded the referred to program.</p>	
<p><b>Signature of referral source:</b></p> <p>Click or tap here to enter text.</p>	<p><b>Date of Referral:</b>            (DD-MM-YYYY)</p> <p>Click or tap to enter a date.</p>