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

Referral Source Name Click or tap here to enter text. **Phone Number** Click or tap here to enter text. **Fax Number** Click or tap here to enter text.	**All referral forms to be faxed to:** **905-825-8821** They will be received by staff at Halton Region.

Parent/Guardian Information	**Child Information**
☐ **Parent/Guardian has consented to this referral.** Name of Parent/Guardian: Click or tap here to enter text. Relationship to Child: Click or tap here to enter text. Address: Click or tap here to enter text. City: Click or tap here to enter text. Phone**: (H)** Click or tap here to enter text. Phone: **(O)** Click or tap here to enter text. ☐ **Parent/Guardian has consented to communicate via email:** **Email Address:** Click or tap here to enter text. **Interpreter Required:** ☐ YES ☐ NO **Language:** Click or tap here to enter text.	Name of Child: Click or tap here to enter text. Address: ☐ Same as parent/guardian If different, please list: Click or tap here to enter text. **Date of Birth of Child or Estimated Date of Delivery:** **(DD/MM/YY):** Click or tap to enter a date.

Referral Information (e.g., presenting concerns, relevant history, other services involved)**:**

Click or tap here to enter text.

Referral to the following Halton Region programs requested

☐ Childcare Subsidy (Social/Medical referral)

☒ Healthy Babies, Healthy Children (HBHC) program

To make a referral to Infant/Child Development Services please use the link to the portal: CDS Referral Home

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For other programs and services for children please visit https://www.halton.ca/physicians

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Consent:
The Regional Municipality of Halton 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.

☐ I give my written permission for this intake to be completed and forwarded the referred to program.

Signature of referral source: Click or tap here to enter text.	**Date of Referral:** (DD-MM-YYYY) Click or tap to enter a date.