

Infant & Child Development Program Referral Form

433 McIntyre Street West, North Bay, ON P1B 2Z3 Tel: (705) 472-0910 Fax: (705) 667-0280



Name:						Male	Female	
Date of Birth:			Age:		Gestation	n:		
	Day/Month/Year		1					
Birth Weight:				Apgar:				
Mother:		Date of Birth: Day/Month/Year						
Address:								
Cell Number:			Alternate N	Alternate Number:				
Father:			Date of Birth: Day/Month/Year					
Address:								
Cell Number:			Alternate Number:					
Referring Agency:								
Referral Date:	Person Referring:							
Family Doctor:	Pediatrician:							
Reason for Referral:								
service/care, etc.)		ip Arrangement: (i.						
Please indicate below any community services that ICDP has your consent to contact for service management purposes. You may withdraw your consent at any time by notifying your assigned ICDP worker.								
Licensed Day C Name:	are Provider	Children's Aid Society Case Worker Name:			CAPC/CPNP Case Worker Name:			
Healthy Babies Case Worker Name:	/Health Children	HANDSTheFamilyHelpNetwork Case Worker Name:			One Kids Place Therapist:			
☐ Other (please list	agency and assigned	case worker):		<u>'</u>				
LEGAL GUARDIAN MUST CONSENT TO THIS REFERRAL: **Indicates mandatory fields. **Has this Program been discussed with the legal Guardian(s) and do they support this referral? Yes No **Legal Guardian(s) consent to the exchange of information between Infant and Child Development Program and the Referring Agency/Person Yes No **What type of Consent has been obtained by the Guardian (s) to complete this Referral? Verbal or Signed Consent? Guardian Signature:								
Guardian Signatu	re:*note:	Signature is not req	uired for verb	al consent		vate:		
As the guardian listed on this form I hereby consent to share personal information with the referring agency listed herein, I further provide consent for my personal information, and that of the above-named child, to be used by the Infant and Child Development Program for the purposes of research and evaluation so long as my information is non-identifiable and the research and evaluation services comply with the Tri-Council ethical requirements. I understand I may revoke this consent at any time by providing a request in writing to the supervisor of ICDP.								