



**REFERRAL TO: The Healthy Babies
Healthy Children Program**

Fax #: 613-345-4687

FROM: _____
(name of individual)

Tel #: _____

(name of agency)

Fax #: _____

Client Consent:

I authorize the above agency to release the information contained on this form to the Healthy Babies Healthy Children Program.

I consent to the sharing of information between the Healthy Babies Healthy Children Program and the above agency.

Parent/Guardian signature

Witness

Date

Primary Caregiver's Name: _____ DOB: _____
(dd/mm/yy)

If pregnant, we require the estimated date of delivery: _____
(dd/mm/yy)

Child's Name: _____ DOB: _____
(dd/mm/yy)

Primary Caregiver's relationship to child: _____

Street Address: _____

Apt. #: _____ PO Box / RR #: _____

City/Town: _____

Postal Code: _____

Best daytime contact #: _____

Text only:

email address: _____

Reason(s) for Referral:

- | | |
|---|--|
| <input type="checkbox"/> Prenatal Support | <input type="checkbox"/> Healthy Nutrition |
| <input type="checkbox"/> Attachment | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Breastfeeding support | <input type="checkbox"/> Parental Mental Health |
| <input type="checkbox"/> Parenting support | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Growth and Development | <input type="checkbox"/> Support with housing, finances, food access |

Comments:

All personal (health) information collected and used is kept confidential and may be disclosed only as permitted under the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* and the *Personal Health Information Protection Act, 2004 (PHIPA)*. Information is collected under the Health Protection and Promotion Act for the purpose of assisting you under the Healthy Babies Healthy Children Program. You have the right to view and correct this information, or withhold or revoke your consent usually without affecting the services provided here. If you have any questions about our policy, please contact the Freedom of Information and Privacy Coordinator at (613) 345-5685 ext. 2290.