

# HEALTHY FAMILIES REFERRAL FORM

## Family Information:

Primary Caregiver's Name: \_\_\_\_\_ (last) (first) \_\_\_\_\_ DOB: \_\_\_\_\_ (yyyy/mm/dd) \_\_\_\_\_ Contact #: ( ) \_\_\_\_\_

Does caregiver accept text messages on the above contact #? Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_

Secondary Caregiver's Name: \_\_\_\_\_ (last) (first) \_\_\_\_\_ DOB: \_\_\_\_\_ (yyyy/mm/dd) \_\_\_\_\_ Contact #: ( ) \_\_\_\_\_

Address (  same as above): \_\_\_\_\_

Child's Name: \_\_\_\_\_ (last) (first) \_\_\_\_\_ DOB: \_\_\_\_\_ (yyyy/mm/dd) \_\_\_\_\_

Child's Name: \_\_\_\_\_ (last) (first) \_\_\_\_\_ DOB: \_\_\_\_\_ (yyyy/mm/dd) \_\_\_\_\_

Child's Name: \_\_\_\_\_ (last) (first) \_\_\_\_\_ DOB: \_\_\_\_\_ (yyyy/mm/dd) \_\_\_\_\_

Does family identify as being of Indigenous descent: Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_ No answer \_\_\_\_\_

## Reason for referral:

|  |   |
|--|---|
| <input type="checkbox"/> <b>Breastfeeding Clinic</b><br>Baby's birth weight: _____ Date: _____ (yyyy/mm/dd)<br>Current weight: _____ Date: _____ (yyyy/mm/dd)<br>Feeding challenges. Please specify:<br><br><br><br><br><br><br><br><br><br> | <input type="checkbox"/> <b>Healthy Babies Healthy Children Home Visiting Program</b><br>For families prenatal and with children up to transition to school.<br>Pets in the home: Yes _____ No _____ Unsure _____<br>If yes, what kind? _____<br>Reason for referral:<br><br><br><br><br><br><br><br><br><br> |
| <input type="checkbox"/> <b>Parenting Education</b>  | <input type="checkbox"/> <b>Prenatal Education</b> EDD: _____   |

## Referred by:

Name/Designation: \_\_\_\_\_ Agency: \_\_\_\_\_

Date: \_\_\_\_\_ (yyyy/mm/dd) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Client's signature: \_\_\_\_\_ OR Verbal Consent obtained from client:

**Fax to North Bay or Burk's Falls: 705.428.0655 or 1.877.320.5550**

**Fax to Parry Sound: 705.746.2711**

"This information is being collected pursuant to the Health Protection and Promotion Act, R.S.O.1990, c.H.7 and will be retained, used, disclosed, and disposed of in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, the Personal Health Information Protection Act, 2004, S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure, and disposal of information. Any questions regarding this collection may be directed to the Personal Health Information Manager at the North Bay Parry Sound District Health Unit, 345 Oak Street West, North Bay, ON P1B 2T2, 705-474-1400 / 1-800-563-2808 or at privacy@healthunit.ca."

Healthy Families Referral Form 13-HF-8-T4 – 2024-05-24

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myhealthunit.ca

📍 345 Oak Street West,  
North Bay, ON P1B 2T2

☎ 1-800-563-2808  
705-474-1400

📠 705-474-8252

📍 90 Bowes Street, Suite 201,  
Parry Sound, ON P2A 2L7

☎ 1-800-563-2808  
705-746-5801

📠 705-746-2711