



Renfrew County and District Health Unit

# HEALTHY BABIES HEALTHY CHILDREN PROGRAM REFERRAL FORM

Please FAX to 613-735-3067

or mail to

Renfrew County and District Health Unit - HBHC  
7 International Drive, Pembroke, ON K8A 6W5



<b>MOTHER'S NAME</b> (Last, First)	<b>DOB</b> yy/mm/dd	<b>FATHER'S NAME</b> (Last, First)
<b>ADDRESS</b>		<b>PHONE NO.</b>
<b>PHYSICIAN/MIDWIFE/NURSE PRACTITIONER</b>		

<b>CHILD'S NAME</b>	<b>DOB</b>	<b>CHILD'S NAME</b>	<b>DOB</b>

**Areas of Concern** (please circle): Parenting difficulties, finances, housing, transportation, physical health, mental/emotional health, lack of support/isolation, family violence, history of abuse, substance abuse, learning ability/education.

Additional Comments:

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Are there any potential safety risks if visiting this family in their home? YES  NO  If yes, please describe.

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Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Completed by: \_\_\_\_\_

Telephone: \_\_\_\_\_

**\*\*Client has given permission for transfer of this information to the Health Unit** YES  NO

Personal information contained on this form is collected under the authority of one or more of the following (as amended): the Health Protection and Promotion Act, R.S.O. 1990; the Regulated Health Professions Act, 1991, S.O. 1991; and is in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004, S.O. 2004. This information is used to ensure that all appropriate personal care and public health services are provided, and that necessary statistics are kept. Questions about this collection should be directed to the Program Manager at the Renfrew County and District Health Unit, 7 International Drive, Pembroke, ON K8A 6W5, 613-735-8651.