

# Enhanced 18-Month Well-Baby Visit Referral Form West Parry Sound Area

Please fax completed referral to 705-746-6281

Office Use Only For transmission difficulty please call OKP Children's treatment centre (705) 746-6287 or Fax (705) 746-5324	
Date Referral Received:	Initial:
Date Parent contacted:	Initial:
Date Physician contacted:	Initial:

Infant/Child's First Name	Middle Initial	Last Name
DOB: DD/MM/YYYY:	Referral made to Paediatrician: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender:	Rourke Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Nipissing Screen Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach completed screening)	
Parent/Guardian: Full Name	Mailing Address (Street No. and Name)	Home Tel. No. (including area code):
		Alternate number:
<b>Physician Information:</b>		Date of Referral:
		Form Completed By:
<b>X – Presenting concern(s)</b>		
<b>North Bay Parry Sound District Health Unit (705)746-5801</b> <input type="checkbox"/> Oral Health Programs (HSO: Healthy Smiles Ontario; Dental Clinic) <input type="checkbox"/> Parenting <input type="checkbox"/> Nutrition <input type="checkbox"/> Breastfeeding Support		<b>One Kids Place Children's Treatment Centre (OKP) (705)746-6287</b> <input type="checkbox"/> Speech-Language Pathology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy
<b>HANDS TheFamilyHelpNetwork.ca (705)746-4293</b> <input type="checkbox"/> Infant and Child Development Services <input type="checkbox"/> Children's Mental Health		<b>Comments/Other Concerns:</b>  Was this referral made based on findings from an Enhanced 18-Month Well Baby Visit? <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent has provided verbal consent for the referral and the forwarding of the referral to the appropriate agency.

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



*This referral will be sent to One Kids Place as the designated Best Start Lead, then forwarded on to the appropriate community service(s). Your verbal consent provides permission to share your information with the above noted community services.*

**Community Partners collaborating to achieve the 'Best Start' for children prenatal to 12 years!**

“The personal information being collected on this form is collected under the authority of the Health Protection and Promotion Act, the Municipal Freedom of Information and Protection of Privacy Act & Personal Information Protection & Electronic Documents Act. This information shall be used to ensure necessary health care measures are attained. Questions covering the collection of this information may be directed to One Kids Place, 400 McKeown Ave, North Bay, Ontario, P1B 0B2 Phone: (705) 476-5437 or 1-866-626-9100”