

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"/> Breastfeeding Clinic Baby's birth weight: _____ Date: _____ (yyyy/mm/dd) Current weight: _____ Date: _____ (yyyy/mm/dd) Feeding challenges. Please specify: _____ _____ _____ _____	<input type="checkbox"/> Healthy Babies Healthy Children Home Visiting Program For families prenatal and with children up to transition to school. Pets in the home: Yes _____ No _____ Unsure _____ If yes, what kind? _____ Reason for referral: _____ _____ _____ _____
<input type="checkbox"/> Parenting Education _____ _____	<input type="checkbox"/> Prenatal Education 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 Burks Falls: 705.482.0655 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 Lead 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 – 2024-11-27

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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