



Agency referral for Public Health Nurse home visiting services from prenatal to child's entry to school

Fax completed form to 613-580-9646

Parent Information

Entry stage:

- Prenatal, expected date of birth _____
- Postpartum (birth to 6 weeks)
- Early identification (6 weeks to 6 years)

Parent's name: _____

Parent's date of birth: _____

Parent's address: _____

Child's DOB: _____

Parent's phone number: _____

Alternate phone number: _____

Consent obtained for this referral (Mandatory):

Yes

Email address: _____

Primary household language:

Other languages spoken:

Referring agency

Referring person's title and first name

Referring person's last name

Agency name

Telephone

Referring person requests PHN follow-up call after contact with client?

Yes (client must give PHN consent)

Reason(s) for referral

Check all that apply

Referral Date

- Development delay
- Drug or alcohol use
- Financial or housing concern
- Other

- Health condition/medical complication
- History of child abuse or neglect

- Mental health concerns
- Parent less than 18 years

Are you aware of any risks to worker safety, if visiting this family in their home?

No

Yes (If yes, describe below)

Personal information on this form is collected under the authority of section 5 of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7. The information will be used in the context of the Healthy Growth and Development Program, Ottawa Public Health in planning and delivering services for clients and their families. Only staff from this program will have access to, and use of, this information. Questions concerning the collection and use of this information should be directed to the Program Manager, Healthy Growth and Development, Health Promotion Service Area, Ottawa Public Health, 100 Constellation Drive, Ottawa, ON K2G 6J8, Telephone 613-580-6744.

