

Healthy Babies Healthy Children

Program Referral Form

Referral information

Required fields are marked with asterisks (*)

Email referral form to hbhcintake@hpph.ca

Fax 519-271-8243 or toll-free 1-855-271-8243

1

Purpose

Healthy Babies Healthy Children (HBHC) is a free, voluntary program for expectant parents and families with children from birth up to transition to school.

HBHC referrals can be made as a self-referral or a professional referral from a healthcare or service provider.

Eligibility:

- expecting a baby; or
- parenting a child from birth up to transition to school age; and
- living in Stratford, St. Marys, Perth or Huron County (area served by HPPH)

Referral source*

[†]Include contact information of person making referral

Self-referral

Name _____

Healthcare provider[†]

Organization _____

Service provider[†]

Other[†]

Email _____

Phone _____

Client information

First name* _____ Last name* _____

Date of birth (yyyy/mm/dd)* _____

Phone* _____ Email* _____

Address (911)* _____

City or town* _____

Municipality* _____

Postal code* _____

Preferred method of contact (public health nurse will contact you/client after receiving referral)*

2

Phone

Referral type*

Prenatal (expecting a baby)

Text

Postpartum

Email

(baby is newborn to 6 weeks old)

Early identification

(child is 7 weeks to 6 years old)

Reason for referral (select all that apply)*

Concerns with child development

Parent under 18 years of age

Concerns with parenting

Relationship strain, single/solo parent, or lack of social supports

Financial and/or housing concerns

Substance use

First time parent

Prefer to discuss with the nurse when contacted

Infant feeding concerns

Other, specify:

Newcomer to Canada

Parent learning challenges

Parent mental health challenges

Healthy Babies Healthy Children

Program Referral Form

Client information

Primary care provider (family doctor or nurse practitioner)

First name _____ Last name _____

Phone _____

Other services you/client are involved with*

2

Child and Parent Resource Institute
Children's Aid Society
Huron Perth Centre
Ontario Disability Support Program

Ontario Works
Other (e.g. medical specialist, social worker/counsellor)
smallTALK
Not applicable

How did you/client find out about the home visiting program?*

3

Calling All Three Year Olds (CATYO)
EarlyON Child and Family Centre
Friend or family member
HBHC program pamphlet or poster

Hospital
Huron Perth Public Health website
OBGYN or midwife
Primary care provider

Acknowledgement

4

I acknowledge that the information provided in this form is correct. I understand that I/client will be contacted by a public health nurse.*

Date (yyyy/mm/dd)* _____

Personal information

Personal or personal health information on this form is collected under the authority of the *Health Protection and Promotion Act* and applicable privacy legislation. This information will be used for the delivery of public health programs and services and may be used for evaluation or statistical purposes. Any questions about the collection of this information should be directed to the Privacy Officer, Huron Perth Public Health, 1-888-221-2133 or email privacy@hpph.ca.