

Healthy Babies Healthy Children Referral

Niagara Region Public Health

1815 Sir Isaac Brock Way, Thorold, L2V 4T7

Phone: 905-688-8248 ext. 7555 Toll Free: 1-800-263-7248 ext. 7555

Fax referrals to: 905-688-5100

www.niagararegion.ca/health

Patient Label
Health Care Provider Stamp/Label

*= Required

	Health Care Provider Information (fill out i	f details are not included i	in stamp/label)	
*D				
*First Name:		*Last Name:		
Address:		City:		
*Phone:				
Caregiver's Information				
*First Name:		*Last Name:		
	Postnatal Older than 6 weeks of age			
*Address:				
*City:		*Phone:		
	Child's Information (fill out if applicable)		
*First Name:	ne: *Last Name:			
*DOB (yyyy/mm/dd):				
Reason(s) for Referral (check all that apply)				
Caregiver's age	Developmental or growth concerns	5	Parenting concerns	
Previous loss	Lack of supports		FACS involvement	
 ☐ Single parent	Smoking during pregnancy or has s	moked over 100	History of depression, anxiety, or	
Other:	cigarettes in lifetime		mental illness	
Additional Comments	<u> </u>			

*Client aware of referral: Yes \(\scale \) No \(\scale \)