

The ICDP provides early intervention services and support for families of infants and young children who have a developmental delay or who are at risk for delayed development.

Date of Referral:	Parent Consents to Referral (required): Yes <input type="radio"/> No <input type="radio"/>	
Child's Name:		
Date of Birth:	E.D.D.	Male <input type="radio"/> Female <input type="radio"/>
Address:		Postal Code:
Parent/Caregiver #1 Name:		Phone:
Parent/Caregiver #2 Name:		Phone:
Email:		
Other household members (name, age, relationship): 		
Family Physician:	Pediatrician:	
Other Services:		

Reason for Referral (check all that apply):

<input type="radio"/> Prematurity: # weeks gestation:	<input type="radio"/> Delayed development
<input type="radio"/> Speech and Language Delays	<input type="radio"/> Positional Preference/Plagiocephaly
<input type="radio"/> Diagnosis:	<input type="radio"/> Sibling with Autism Spectrum Disorder AND child demonstrates developmental delay
<input type="radio"/> Other:	

Additional Information (gender identity/expression, language, culture, other):

Safety Issues:

Are there identified risks to safety, if visiting this family in their home?

<input type="radio"/> No	<input type="radio"/> Yes, if yes please explain:
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Interpretation:

Are interpretation supports required?

<input type="radio"/> No	<input type="radio"/> Yes, if yes please indicate preferred language:
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Referred by:

Name:	Phone:
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Agency:

Please fax or mail this form to:

ICDP Lakelands Public Health - 185 King Street, Peterborough, ON K9J 2R8

Telephone: 1-844-575-4567 Fax: 705-741-4261

Any personal and personal health information that you may provide on this form is collected under the authority of relevant legislation including: the Health Protection and Promotion Act, as amended, the Regulated Health Professions Act, the Immunization of School Pupils Act, and the Personal Health Information Protection Act. This information will be used for assessment, management, treatment and reporting purposes. Your information may be shared within the Health Unit and as required by legislation. Should you have any questions about this collection of information, please contact the Health Unit's Designated Privacy Officer, 200 Rose Glen Road, Port Hope, Ontario, L1A 3V6 or call 1-844-575-4567.