

Enhanced 18-Month Well-Baby Visit Referral Form East Parry Sound Area

Please fax completed referral to 1-888-668-6281

Office Use Only For transmission difficulty please call OKP Children's treatment centre (705) 746-6287 or Fax (705) 746-5324	
Date Referral Received:	Initial:
Date Parent contacted:	Initial:
Date Physician contacted:	Initial:

Infant/Child's First Name	Middle Initial	Last Name
DOB: DD/MM/YYYY:	Referral made to Paediatrician: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender:	Rourke Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian: Full Name	Nipissing Screen Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach completed screening)	
Mailing Address (Street No. and Name)	Home Tel. No. (including area code):	
	Alternate number:	
Physician Information:		Date of Referral:
		Form Completed By:
X – Presenting concern(s)		
North Bay Parry Sound District Health Unit 1-800-563-2808 <input type="checkbox"/> Oral Health Programs (CINOT: Children in Need of Treatment; HSO: Healthy Smiles Ontario; Dental Clinic) <input type="checkbox"/> Healthy Babies, Healthy Children (In Home Child Development/Parenting Support)	One Kids Place Children's Treatment Centre (OKP) 1-866-232-5559 <input type="checkbox"/> Speech and Language Therapy <input type="checkbox"/> Occupational Therapy (Fine Motor) <input type="checkbox"/> Physiotherapy (Gross Motor) <input type="checkbox"/> Autism Services	
Almaguin Highlands Community Living 705-384-5384 <input type="checkbox"/> Respite Services (support and assistance to families who have a child who exhibits significant delays in development, i.e. intellectual, developmental, motor, social, and psychological)	Infant and Child Development Services, Nipissing 705-472-0910 <input type="checkbox"/> Infant and Child Development Services Callander-South River including Port Loring, Restoule, and Chisholm areas (Multiple Developmental Needs/Risks; Case Management/ Funding Application Assistance)	
Comments/Other Concerns:	HANDS TheFamilyHelpNetwork.ca 1-800-668-8555 <input type="checkbox"/> Infant and Child Development Services Sundridge-Novar including Magnetawan, Sprucedale, Emsdale, Kearney areas (Multiple Developmental Needs/Risks; Case Management/ Funding Application Assistance) <input type="checkbox"/> Children's Mental Health (service to be determined at intake – social, emotional, behavioural concerns) <input type="checkbox"/> Autism Services	

Parent Signature: _____

Date: _____



This referral will be sent to One Kids Place as the designated Best Start Lead, then forwarded on to the appropriate community service(s). Your signature provides permission to share your information with the above noted community services.

Community Partners collaborating to achieve the 'Best Start' for children 0-6 years!