



# Healthy Babies Healthy Children Program



## Physician Referral to HBHC

To make a referral to the Healthy Babies Healthy Children Program, please complete this form and **fax to 519-746-9846.**

Note: For protection of client privacy, please double-check fax number prior to pressing the "send" button on your fax.

### Physician Information

Physician's Name: \_\_\_\_\_ Telephone no.: \_\_\_\_\_

Client consent for referral:    yes    no    Physician Fax no.: \_\_\_\_\_

### Client Information

Parent's Name: \_\_\_\_\_ Partner's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason(s) for referral to HBHC: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional information (e.g. other services involved with client): \_\_\_\_\_

\_\_\_\_\_

### Confirmation of Referral – For HBHC Office Use Only

Referral has been accessed:    yes    no    Referral Access Date: \_\_\_\_\_

HBHC Service Coordinator Name: \_\_\_\_\_

If referral not accessed, please check reason why:

Refused                      Unable to contact                      Language Barrier                      In another Program

HBHC Program not appropriate                      Client Moved                      Other: \_\_\_\_\_

**This form will be faxed back to the physician making the referral for confirmation purposes.**

**For additional information on the HBHC Program, please contact the Healthy Children Info Line at 883-2245**