

Healthy Babies, Healthy Children and Nurse Family Partnership Program Referral Form

The **Healthy Babies Healthy Children (HBHC)** Program is a free, confidential, and voluntary home visiting program for pregnant people and families with children up to age six. HBHC can provide clients with guidance and support at various stages to help give children the best start in life.

The **Nurse Family Partnership (NFP) Program** is a free, confidential, and voluntary home visiting program where public health nurses visit young, pregnant people during their pregnancy and the first two years of their child's life. Pregnant people are eligible for NFP if they are 24 years of age or under, are having their first child, and are less than 28 weeks gestation.

If your client can benefit from this program, complete the form and return by fax to the Health Unit:

- *For Clients in Northumberland County:* Fax: (905) 885-7965
- *For Clients in City of Kawartha Lakes/Haliburton County:* Fax: (705) 324-2154

Date of Referral:

Does Client Consent to Referral? *(required)* Yes ☐

Client Name:

Client Date of Birth:

Client Expected Delivery Date *(if applicable):*

Estimated Gestation *(if applicable):*

Child(ren) of Client: Name	Date of Birth	Age

Client Address: Enter client address here

Client Phone: Enter phone number here

Client Email: Enter email here

Other Household Members (include other caregivers, family members, friends):

Name	Relationship	Age	Date of Birth

Reason for Referral *(check all that apply)*

<input type="checkbox"/> Prenatal education and support	<input type="checkbox"/> Financial or housing concerns
<input type="checkbox"/> Infant/child development and/or growth concerns	<input type="checkbox"/> Isolation and/or communication barrier
<input type="checkbox"/> Infant/child feeding and/or nutritional concerns	<input type="checkbox"/> Lack of social support
<input type="checkbox"/> Parenting education and support	<input type="checkbox"/> Substance misuse (current or history of this)
<input type="checkbox"/> Mental health concerns	<input type="checkbox"/> Client is under the age of 24
<input type="checkbox"/> Other:	
Additional Information: 	

Are interpretation supports required? ☐ No ☐ Yes, indicate preferred language(s):

Are there any identified risks to safety if visiting a client in their home? ☐ No ☐ Yes, specify:

Referred By:

Name:	Phone:
Agency:	

For more information or to speak with a Public Health Nurse, call 1-866-888-4577, ext. 5003 or visit us at www.hkpr.on.ca

Personal information on this form is collected under the authority of the Health Protection and Promotion Act R.S.O. 1990, c.H.7 as amended and Regulated Health Professionals Act S.O. 1991, C. 18, and will be used for assessment, management, treatment, and reporting purposes. Questions about the collection, use and disclosure of this information should be addressed to the: Medical Officer of Health, 200 Rose Glen Road, Port Hope, Ontario, L1A 3V6, or toll-free: 1-866-888-4577.

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