



**CENTENNIAL INFANT AND CHILD CENTRE**

1580 Yonge Street, Toronto, ON M4T 1Z8 ph: 416-935-0200; fax: 416-935-0300

**REQUEST FOR EARLY INTERVENTION SERVICE**

**PLEASE COMPLETE ALL SECTIONS**

**DATE** (month/day/year): \_\_\_\_\_

**CHILD'S NAME** \_\_\_\_\_ / \_\_\_\_\_ (m / f)  
surname - please print first name - please print

**Date of birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Due Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Birth Weight** \_\_\_\_\_  
month day year month day year

**Diagnosis/Primary Concerns:** \_\_\_\_\_

<b>1<sup>st</sup> parent/guardian</b> Last name	<b>First name</b>	<b>Relationship to child:</b>
<b>2<sup>nd</sup> parent/guardian</b> Last name	<b>First name</b>	<b>Relationship to child:</b>
<b>Street and apt #</b>		<b>postal</b>
<b>Home Phone:</b>	<b>Other phone:</b>	<b>Email:</b>

**Major Intersections:** \_\_\_\_\_

**Languages spoken in home:** \_\_\_\_\_

Des services sont disponibles en français chez notre partenaire le Centre francophone de Toronto. Si vous voulez des services en français, demandez-nous de vous référer au Centre francophone de Toronto, appelez directement le **416-922-2672** ou visitez le site web: <http://www.centrefranco.org/enfants-et-familles/enfants-ayant-des-besoins-speciaux/>

**If parents/guardians do not speak English, is there someone available to interpret? Yes \_\_\_ No \_\_\_**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Child's Physicians:**

<b>Doctor:</b>	<b>Phone:</b>
<b>Doctor:</b>	<b>Phone:</b>

**AREAS OF CONCERN:**

**THIS INFORMATION MUST BE INCLUDED, IN ORDER FOR US TO PROCESS THE REFERRAL. THERE MUST BE A DELAY IN TWO OR MORE AREAS OF DEVELOPMENT.**

**Attach any reports, test results, upcoming tests or surgeries, consultant's notes, if you have parental consent.**


**Referred by:** \_\_\_\_\_  
agency person

\_\_\_\_\_  
Telephone # ext.# fax # email:

How did you hear about our agency? \_\_\_\_\_

Service presently receiving \_\_\_\_\_

Other referrals or waiting lists \_\_\_\_\_

**PARENT'S/GUARDIAN'S INFORMED CONSENT IS NECESSARY TO ACCEPT THIS REFERRAL**

\_\_\_\_\_  
(Please print Parent/Guardian's Name) (Parent/Guardian's Signature) (date)

**IMPORTANT INFORMATION FOR FAMILIES:**

*Centennial Infant and Child Centre works with Bloorview Kids Rehab Infant Development Program and Surrey Place Centre Infancy and Early Childhood Program. We share information to ensure you receive service as quickly as possible and to avoid duplication of service. May we have your consent to share this referral with the above two agencies?*

\_\_\_\_\_  
(signature of parent/guardian) (date) Consent:  yes  no

**Office Use:**

<b>Intake Notes:</b>
Status: Admit: <input type="checkbox"/> Date: _____
Non-Admit: <input type="checkbox"/> Date: _____ Reason: _____
Referral Source Contacted: <input type="checkbox"/> Date: _____

**Notice With Respect to the Collection, Use and Disclosure of Information:** Personal information will be gathered by Centennial Infant and Child Centre. Any personal information collected by Centennial is collected under the authority of the *Child and Family Services Act* and the *Personal Health Information Act (PHIPA, 2004)*. It will be shared only among staff of Centennial for the purpose of program planning for your child at Centennial. Questions about this collection should be directed to Barb Hannah, Executive Director, Centennial (416-935-0200 x 235).