



# Burnaby Infant Development Program

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## Referral Information Form



Burnaby Association  
for Community Inclusion

Date of Referral: \_\_\_\_\_ Date Registered: \_\_\_\_\_ Registry Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth (month/day/year): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Other Numbers: \_\_\_\_\_ (Email) \_\_\_\_\_

### Relevant Information:

Birth Hospital: \_\_\_\_\_ Gender: \_\_\_\_\_ Gestation(weeks): \_\_\_\_\_ Birth Weight(grams): \_\_\_\_\_

Age at Referral: \_\_\_\_\_ (months) Siblings: \_\_\_\_\_ Care Card #: \_\_\_\_\_

Source of Referral: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Diagnosis and Additional Information: \_\_\_\_\_

Physician(s): \_\_\_\_\_ (Address/Phone Numbers)

Pediatrician: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Other Doctors: \_\_\_\_\_

Other Agencies/Professionals Involved: \_\_\_\_\_

Are the parents aware of this referral?  Yes  No

Language(s) used in the home: \_\_\_\_\_ Interpreter Required?  Yes  No

Are there any Cultural or religious observances we should be aware of? \_\_\_\_\_

Do you have any information that may indicate a potential risk to a home visitor? (eg. pets/smoking/  
construction/violence in the home/restraining order etc.)  Yes  No  Not enough information

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
IDP Consultant

