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 _____

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

Major Intersections: _____

Languages spoken in home: _____

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

Name: _____ **Phone:** _____

Child's Physicians:

Doctor:	**Phone:**
Doctor:	**Phone:**

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, consultants notes, if you have parental consent.

PLEASE COMPLETE ALL PARTS OF THIS SECTION.

Referred by: _____ _____
agency **person**

_____ _____ _____ _ _____
Telephone # **ext.#** **fax #** **email:**

How did you hear about our agency? _____

Service presently receiving _____

Other referrals or waiting lists _____

THIS REFERRAL WILL NOT BE ACCEPTED WITHOUT WRITTEN CONSENT FROM PARENT/GUARDIAN.

_____ _____ _____
(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?

_____ _____ Consent: ☐ yes ☐ no
(signature of parent/guardian) (date)

Office Use:

Intake Notes:
Status: Admit: ☐ Date:
Non-Admit: ☐ Date: Reason:
Referral Source Contacted: ☐ 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).