

INFANT DEVELOPMENT PROGRAM

Sponsored by **AimHi** - Prince George Association for Community Living
Funded by Ministry for Children & Family Development
950 Kerry St. Prince George, BC V2M 5A3
<http://www.aimhi.ca>



Phone: (250) 564-6408
Fax: (250) 564-6801
e-Mail: idp@aimhi.ca

IDP Central Registry # _____

REFERRAL / APPLICATION FORM

Date of Referral: _____

Age at Referral: _____

Name of Infant: _____ D.O.B.: _____

Sex: M: _____ F: _____

FAMILY INFORMATION:

Parent(s)/Caregiver(s): _____

Address: _____ Postal Code: _____

Phone: _____ Cell: _____ E-Mail: _____

Siblings: Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

BIRTH INFORMATION:

Hospital: _____ Birth Weight: _____ G.A.: _____

Age at which a problem was detected by a parent?: _____ by a professional?: _____

REFERRAL DATA:

Referral Source: _____ Phone: _____ Fax: _____

AGENCIES INVOLVED:

Agency: _____ Contact: _____ Phone: _____

Agency: _____ Contact: _____ Phone: _____

Agency: _____ Contact: _____ Phone: _____

REASON FOR REFERRAL:

Doctors:

MEDICATION / MEDICAL CONCERNS:

Does the family require an interpreter? Yes: ___ No: ___ Language: _____

Are there any cultural or religious observances of which we should be aware of?: _____

Parent(s) have been informed about the I.D.P. and wish to participate.

Parent Signature(s): _____

I.D.P. Consultant Signature: _____