

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

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 Fax: 250-564-6801
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REFERRAL / APPLICATION FORM

FAMILY INFORMATION		IDP Central Registry #
Parents/Caregivers:	Child's Name:	
Address:	DOB:	
City:	Postal Code:	
Telephone(s):	Age at Referral:	Sex:
Email(s):	Does the family require an interpreter?	Language:
Sibling(s) Names & Age(s):		
Are there any cultural, ethnic, religious or spiritual considerations the family would like us to be aware of?		

BIRTH & HEALTH INFORMATION	
Hospital:	
Birth Weight:	Gestational Age:
Age at which problem detected by parents/caregivers/other professional?	

REFERRAL INFORMATION	Date of Referral:
Reason for Referral:	
Referral Source (<i>Name & Position</i>):	
Phone:	<i>The IDP will send a confirmation of this referral via your provided fax <u>or</u> email address.</i>
Fax/Email:	
By initialing here you agree that the parent/caregiver is informed about the IDP and agrees to the referral:	
Other Services Involved (<i>Service or Agency, Person, Contact Information</i>):	
Prior Assessments (<i>Type, Provider, Date</i>):	
Doctor(s):	
Medical Concerns/Medications:	

SIGNATURES	
Parent/Caregiver Signature(s)	
IDP Consultant Signature	