

Mailing Address:

Niagara Region
Public Health
1815 Sir Isaac Brock Way
Thorold, ON
L2V 4T7
905-684-7555 Toll free: 1-800-263-7248
niagararegion.ca/health

Please complete and return this form by fax to 905-688-5100.

Patient Label
Health Care Provider Stamp/Label

Parent/Caregiver Information

Fill out if details are not included in the stamp/label above

First Name:	Last name:
Date of birth (mm/dd/yyyy):	Sex:
Address:	
City:	Postal code:
Email:	
Phone (home):	Phone (cell):

Client consents to receiving text or email when an alternate method of communication is required to contact them.

Healthcare Provider Information

Fill out if details are not included in the stamp/label above

Name:	Discipline:
Phone:	Fax:
Email:	

Is the patient pregnant?

Yes EDD: _____

No

Child's name: _____ Date of birth (mm/dd/yyyy): _____

Child's name: _____ Date of birth (mm/dd/yyyy): _____

Child's name: _____ Date of birth (mm/dd/yyyy): _____

Child's name: _____ Date of birth (mm/dd/yyyy): _____

Family involved with Family and Children's Services Niagara

Child is in foster/kinship care

Family requires support with the following (check all that apply):

- Breastfeeding
- Concerns with child's development
- Inadequate social support
- Infant feeding
- Maternal mental health concerns
- Oral health (for children 17 and under)
- Parenting
- Prenatal health/education
- Postpartum health
- Smoking cessation support (NRT)
- Toddler/Infant Sleep information

Additional information:

Note: Depending on the family's needs, they may be offered appointment(s) at a clinic, educational classes, online resources and/or a home visit. Additional referrals may also be facilitated as required.

Client has verbally consented to the disclosure of their personal health information for the purpose of a referral to Niagara Region Public Health

I agree to receive fax and/or email communication about this referral from Niagara Region Public Health

Additional Comments:

