Burnaby Association for Community Inclusion

Infant Development Program
GUIDE LEARN GROW

Burnaby Infant Development Referral

Referral Date:_____ Referred By/Agency: _____

Child's First Name:_____ Child's Last Name:_____

Child's Date of Birth:_____ Age at Referral:_____ Gender: M ☐ F ☐ Ungendered ☐

Birth Hospital:_____ Birth Weight:_____

Primary Language: _____ Interpreter Required: Yes ☐ No ☐

Reason for Referral: **Age at which concern was detected:**_____

☐ **Prematurity** Expected Due Date: _____ Gestational Age:_____

Describe any complications:_____

☐ **Developmental Delay** (Check all that apply) ☐Communication ☐Gross motor ☐Fine motor ☐Cognitive ☐Behaviour

☐other:_____

☐ **Autism** ☐Diagnosed ☐Suspected

☐ **Prenatal Substance Exposure** ☐Identified ☐Suspected

☐ **Identified Conditions** ☐genetic ☐metabolic ☐cardiovascular ☐seizure ☐hearing ☐vision ☐neurological

☐other:_____

Additional comments:_____

Other Referrals Made:

This child has also been referred to: ☐Sunnyhill Autism Assessment Clinic ☐Burnaby Speech ☐Public Health Nurse

☐BC Centre for Ability Early Intervention Therapy - If so, for which services? ☐Speech ☐Physio ☐Occupational Therapy ☐Social Work

☐Supported Child Development Program ☐Other:_____ Contact:_____

Family Contacts:

Parent/Guardian Full Name:_____ Phone:_____ Email:_____

Parent/Guardian Full Name:_____ Phone:_____ Email:_____

Address: Street:_____ City: **Burnaby** Postal Code:_____

Buzzer Number☐_____ Child Lives with:_____ Siblings(Names/Ages):_____

Contact for appointments (only applicable if other than parent/guardian)_____ Contact:_____

Professional Contacts:

Physician(s): _____ Phone:_____ Email:_____

Pediatrician: _____ Phone:_____ Email:_____

Public Health Nurse: _____ Phone:_____ Email:_____

Social Worker: _____ Phone:_____ Email:_____

Other professional: _____ Phone:_____ Email:_____

Other professional: _____ Phone:_____ Email:_____

Are the parents aware of this referral (recommended)? Yes ☐ No ☐

Office use only:

Child Registration Date: _____ Entered in Database?☐ Date Entered:_____

Child Registration Number: _____ Consultant Assigned: _____

Last Revised October 2021