sources
EARLY CHILDHOOD DEVELOPMENT SERVICES

INFANT DEVELOPMENT PROGRAM
301A 8352-130 Street, Surrey, BC V3W 8J9
Tel: 604-590-7302 Fax: 604-590-7362

Intake Information Form

Please be thorough in providing information as this helps us to determine which stream of service provision will best meet the needs of this family. Please note that this document may be shared with the client.

Date of Referral: _____ **Foster: Y N Aboriginal Y* N**

***If YES, please fax to AIDP at 604-595-1176**

Family Information:

_____ _____ ❑ Male ❑ Female
Child's First Name **Last Name** **Date of Birth (month/day/year)**

Child resides with:

_____ _____
❑ **Mother** ❑ **Father** ❑ **Foster Family** ❑ **Other** ❑ **Mother** ❑ **Father** ❑ **Foster Family** ❑ **Other**

Contact Number: _____ Contact Number: _____

Other Numbers/Email: _____

Address: _____ Postal Code:_____

Are the parents aware of the referral? Y N

Interpreter Required: Y N Language used in the home: _____

Referral Information:

Birth Hospital: _____ Gestation (weeks): _____ Birth Weight: _____

Age at Referral: _____ (months)

Name of Referral Source: _____ Title _____

Agency: _____ Phone & Fax: _____

Reason for Referral: *(Please read all the categories to determine which is most applicable.)*

❑ **Prematurity**: Expected Due Date: _____ Describe any complications: _____

_____

❑ **Developmental Delays** (**Check all that apply):** ❑ communication ❑ gross motor ❑ fine motor
❑ cognitive (information processing/problem solving/general learning) ❑ other (please specify below)

❑ **ISUM** (prenatal substance exposure)

❑ **Atypical Development**: ❑ genetic disorder ❑ metabolic disorder ❑ neurological disorder
❑ hearing ❑ vision ❑ seizures ❑ congenital abnormality

Details: _____

❑ **Autism**: ❑ diagnosed ❑ symptoms

❑ **Child in Care of the Ministry of Children & Family Development**

Have any other referrals been made? ❑ speech ❑ physiotherapy ❑ other: _____

Please attach any additional comments and/or reports to this form.

For Office Use Only:		*Revised: August 2018*
Area:	Reason referred:	Client Number: