sources
EARLY CHILDHOOD DEVELOPMENT SERVICES

INFANT DEVELOPMENT PROGRAM
#406 – 7327 137 Street, Surrey, BC V3W 1A4
Tel: 604-590-7302 Fax: 604-590-7362

Intake Information Form (Surrey/White Rock)

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 include completed developmental summaries (i.e. ASQ).

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

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

Family Information:

_____ _____ Gender: _____
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: _____

Email: _____

Address: _____ Postal Code:_____

Are the parents aware of the referral? Y N

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

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
❑ congenital abnormality ❑ hearing / vision with other developmental concerns

Details: _____

❑ **Querying Autism**: Referred for assessment Yes❑ No ❑ _____

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

Additional Information: (Other professionals involved/more details re: condition.)

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

_____

_____

_____

For Office Use Only:		*Revised: March 2023*
Area:	Reason referred:	Client Number: