

Battlefords Early Childhood Services

Pre-Natal through 5 years of age

Child's First Name: _____ Last Name: _____ D.O.B. (d/m/y) <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Referral (d/m/y)	<input type="checkbox"/> Prenatal Referral Due Date: (d/m/y)
Parent's First Name(s): _____ Last Name(s): _____ D.O.B.: (d/m/y) Guardians/Foster Parents Name (s): _____ *please complete section 5 on back*	Home Phone	Cell Phone/Text
	E-Mail Address:	First Nations:
Hospitalization #:	Family Physician:	
Address (including postal code and street address, box #):	Parent/guardian has given consent for this referral. <input type="checkbox"/> Phone <input type="checkbox"/> In Person	

Please check the services you wish to refer this person to: Note: Each program/agency has its own intake process:

- Pre-natal Classes: Public Health Nursing:** learning before baby arrives for first or subsequent pregnancies
Please check: Regular classes; Teen classes Breastfeeding classes
- Hello Parent Group: Population Health Services:** information, support and connections for new parents of babies under 12 months
- Immunization for Families: Public Health Nursing:** childhood and adult immunizations to prevent diseases
- Child Development: Battlefords Early Childhood Intervention Program (BECIP):** Provides in home support to families with children who are delayed or at risk for delay. BECIP empowers families to goal plan, case manage and transition into center-based programs
- Head Start Program -Battle River Treaty Six First Nations:** Early Childhood Home Visiting Program
- Healthy Growth and Development Services: KidsFirst:** Home Visiting support for prenatal, early childhood growth and development. Includes access to early learning, parent supports and family counsellors
- Child and Youth Mental Health Services:** Family therapy, behavior therapy, social skills training and individual and group parenting education for children and families experiencing social, emotional and behavioural difficulties. **Note:** All referrals are processed through centralized intake at the Battlefords Mental Health Centre
- Early Childhood Development Specialist: Early Childhood Psychologist (ECP),** Consultation, assessment and management concerning child development and behavior
- Communication Specialists: Speech and Language Pathology Services (SLP),** Consultation, assessment and management concerning communication. Hearing screens available upon request
- Physical/Functional Specialists: Physiotherapy and Occupational Therapy Services (PT & OT),** Consultation, assessment and intervention for children experiencing delays in physical and sensory-motor abilities and self-care skills. Please check; P/T O/T Both
- Pediatric Feeding Team: Dietician, Occupational Therapist, Speech-Language Pathologist,** Consultation, assessment, and intervention with extremely picky eaters who show no signs of choking or aspiration. If there is a feeding safety risk, request that child's doctor refer them to Outpatient Pediatric SLP at RUH
- Autism Spectrum Disorder Program:** Consultation, assessment, case management and intervention for individuals, ages, birth through 18 years of age, with a query or diagnosis of an Autism Spectrum Disorder
- Catholic Family Services:** We respect the spiritual beliefs of those we serve. Please check: Counselling Family support service - Diversion ; Family Violence Outreach Program; Children Exposed to Violence Program; Parent Education: Separation/Divorce Information Sessions
- Battlefords and Area Sexual Assault Centre:** Counseling; Family Support Violence and Sexual Assault Prevention Education

It is VERY helpful to those providing services if you give as much detailed information as possible. Thank you!

1. Statement of Concern

2. Child and Family Needs/History (family, developmental, medical, social, behavioural)

3. Past and Present Physicians, Specialists, or Clinics Attended

4. Other Services Involved (Please include ALL that you are aware of) i.e. Pre-Kindergarten, Child Care, Pe-Ta-Pan

5. Social Services agency and contact information, if this child lives in foster care, Family Services Worker

Referral Source

Name

Phone Number

Fax Number

E-Mail

Agency

Send referral to: Pediatric Therapy Services, Population Health Services,
Don Ross Centre 3rd Floor, 891 - 99th Street, North Battleford, SK S9A 0N8
Phone: (306) 446-5888 Fax: (306) 446-7316