Battlefords Early Childhood Services: Pre-Natal through 5 years of age

Child	l's First Name: 🔲 Female 🔲 Male 🔲 X	PRENATAL Referral	Date of Referral	
Last Name:				
		DUE Date: (d/m/y)	(d/m/y)	
Hosp	oitalization #: D.O.B. (d/m/y):		(4/11/7)	
Parent's Name(s): First & Last		Home Phone:		
D O B : (d/m/s)		Cell Phone:		
D.O.B.: (d/m/y)		Other:		
Guar	dians/Foster Parents Name (s):	E-Mail Address:		
please complete section 6 on back				
Custody Agreement: Sole Joint Split Ministry Unknown		First Nation:		
Decision Making: Sole Joint Split Ministry Unknown		Family Physician:		
Address (including postal code and street address, box #):		PARENT/GUARDIAN Name:		
		has given CONSENT for this referral via:		
		Phone	☐ In Person	
Plea	se 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/Family Resource Centre. information, support and connections for new parents of babies 6			
	months and under Immunization for Families: Public Health Nursing. childhood and adult immunizations to prevent diseases			
\Box				
1	KidsFirst: Home Visiting support for prenatal to three years of age; early childhood growth and development for families in North Battleford and Battleford. Includes access to early learning, parent supports, and family counsellors			
	Battlefords Early Childhood Intervention Program (BECIP): Child Development. Provides in home support to families with children who are			
	developmentally delayed or at risk for delay. Empower families to goal plan, case manage and transition into center-based programs			
	Head Start Program -Battle River Treaty Six Health Centre: Early Childhood Home Visiting Program for Sweetgrass, Little Pine, and Poundmaker			
	Early Childhood Psychologist (ECP): Early Childhood Development Specialists. Assessment and intervention concerning child development and behavior for children			
	Physiotherapy (PT): Physical/Functional Specialists. Assessment and intervention concerning development of movement and gross motor skills			
	Occupational Therapy Services (OT): Physical/Functional Specialists. Assessment and intervention concerning fine motor skills, sensory-			
	motor abilities and self-care skills			
	Speech and Language Pathology Services (SLP): Communication Specialists. Assessment and intervention concerning communication, speech, language and fluency for children Hearing screen			
	Autism Spectrum Disorder (ASD) Program: Assessment and intervention for individuals 0 - 19 years of age with a query or diagnosis of an			
	Autism Spectrum Disorder (Noes your child have a diagnosis of ASD? \square Yes \square No)			
	Pediatric Feeding Team: Assessment and intervention with extremely picky eaters, aged 2 until school entry, who show no signs of choking			
	or aspiration. If there is a feeding safety risk, please request that child's doctor refer them to Outpatient Pediatric SLP at JPCH			
	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 - Please Call (306) 446 6500			
	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			
	Battlefords and Area Sexual Assault Centre: Pamily Support Violence and Sexual Assault Prevention Education Counseling			

Battlefords Early Years Family Resource Centre is available to all families with children 0 - 5 years. There are drop in and specialized programs, parent education, off site community programs and events Suite 1, 752 - 110th St., North Battleford



It is VERY HELPFUL to those providing services if you give as much DETAILED INFORMATION as possible.			
1. Main Concern or Question:			
2. Reason for Referral (examples: premature birth, feeding, heamilestones, communication/language, anxiety, repetitive behaviou			
	••		
3. Child and Family Needs/History (family,developmental, medical, social, behavioural)			
,			
4. Past and Present Physicians, Specialists, Clinics Attended, NI	CU		
5 Other Services Thyolved (Please include Al.), that you are awa	ne oflie Pre-Kinderaarten Child Care Pe-Ta-Pan		
5. Other Services Involved (Please include <u>ALL</u> that you are aware of) i.e. Pre-Kindergarten, Child Care, Pe-Ta-Pan			
6. *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 59A 0N8

 $\pmb{ Email: } \underline{\textit{Battlefords}} \underline{\textit{EarlyChildhood}} \underline{\textit{Referral@saskhealthauthority.ca}}$

Phone: (306) 446-5888 Fax: (306) 446-7316