



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