

# North East



North East Childhood Intervention Program

Box 1675, Tisdale SK, S0E 1T0

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## Referral FOR EARLY CHILDHOOD HOME BASED INTERVENTION SERVICES

TODAY'S DATE: \_\_\_\_\_

NOTE: Please answer only those questions that are relevant to your family. The information you provide will be kept in strictest confidence by the Early Childhood Intervention Program.

CHILD'S NAME: \_\_\_\_\_  
(First) (Middle) (Last)

SEX: Male  Female  DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
(Day) (Month) (Year)

ADDRESS: \_\_\_\_\_  
(House #, Street name, Box #, City/Town, Postal Code)

BAND \_\_\_\_\_ Treaty # \_\_\_\_\_

PARENT/FOSTER PARENT/ GUARDIAN: (Circle One)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

REFERRING AGENT: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Length of time Associated with the family: \_\_\_\_\_

Frequency and intensity of contact: \_\_\_\_\_

**DIAGNOSIS:**

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**REASON FOR REFERRAL:**

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**DESCRIBE CHILD/FAMILY NEEDS:**

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**MEDICAL INFORMATION:**

**Relavant Pre /Peri / Post Natal information:**

**On Going Health Concerns:**

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**Major Illnesses:**

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**Hospitalization and Reason:**

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**Vision:**

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**Hearing:**

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**Medications: (Type, amount, and effect)**

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**PRECAUTIONS:**

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**PHYSICIAN'S NAME:**

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**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**POSTAL CODE** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**AGENCY CONTACTS/ ASSESSMENTS**

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**To be completed by referring agent:**

**Describe how you will collaborate with the Early Intervention Program in developing an individualized service plan (ISP) for the child and family (if the parents so choose).**

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**I have discussed my referral to the NORTH EAST ECIP with the child's parent(s)/ guardian(s).**

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**Signature of referring Agent**

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**Date**

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**Position**