Middlesex-London Health Unit
Developmental Screening Summary

Date: _____ Location: _____

Child's Name: _____ Sex: □ Male □ Female
(Please print)

Date of Birth: _____

Address: _____ Postal Code: _____

Phone Number: _____

Parent/Guardian: _____
(Please print)

The above named child was seen today by:
□ a Public Health Nurse or □ Other_____

A □ Nipissing District Developmental Screen, □ Ages and Stages Questionnaire, □ Ages and Stages- Social Emotional Questionnaire, or □ Other _____ was completed with the parent's input. The findings were as follows:

□ According to the parent/guardian, this child has achieved all of the age appropriate milestones as indicated on the _____.

As a result of today's screening, the parent/caregiver has been advised to contact the following service(s) for follow up:

		Phone	Fax
□	Primary Care Provider		
□	All Kids Belong	519-434-8247	519-434-6851
□	Speech and Language – tykeTalk (0-<5 years)	519-663-0273	519-963-0305
□	Middlesex London Health Unit-Health Connection (Screening appointment /HBHC referral 0-3 years)	519-850-2280	519-663-8243
□	Fine Motor Skills/Gross Motor Skills/Feeding and Swallowing Concerns		
	□ Developmental Resources for Infants (0-2 years)	519-685-8710	519-685-8705
	□ Thames Valley Children's Centre (2-12 years)	519-685-8716	519-685-8705
□	Social Development		
	□ Vanier Children's Services (0-14 years)	519-433-3101	519-433-1302
□	Other		

Comments: _____

_____

I give consent for a copy of this form to be sent to my child's primary care provider and a copy to be retained by Middlesex-London Health Unit. Information is only collected and disclosed if you choose to give it to us in compliance with the Personal Health Information Protection Act (PHIPA).

Primary Care Provider:_____

Signature of Parent/Guardian: _____

It is recommended that you share this information with any professionals working with your child.

Administering Health Care Professional: _____

Signature of administering Health Care Professional: _____ Date: _____

□ No further follow up by Middlesex-London Health Unit will be provided for this child regarding this assessment. The parent will assume responsibility for further referral and follow up.
□ Follow up by a Public Health Nurse in the Healthy Babies Healthy Children program will be provided for this child regarding this assessment.

Copy 1: Parent Copy 2: Health Professional Copy 3: Middlesex-London Health Unit Copy