



30 Bennett Street
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K7C 4J9

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connectwell.ca

ConnectWell Infant and Child Development Program Referral Form

PART A: Child Information

Name of Child: M F

Date of Birth:

Parent(s)/Guardian:

Address:

Phone Number:

Alt. Phone Number:

Email Address:

Reason for referral – Please include other involved services/agencies, medical precautions, and recommendations from referring source.

PART B: Referring Information - *Family self-referrals do not need to fill out this section.*

Referring Agent:

Agency:

Phone Number:

Email:

Date of Referral:

Please send referrals attention Infant and Child Development Program (ICDP):

- by email to cp_reception@connectwell.ca;
- by fax to 613-257-2675; or
- by mail to 30 Bennett St, Carleton Place, ON K7C 4J9