

Navigator Program Intake Form

Please take a few minutes to answer the following questions, so that we can better meet your needs. This form will be part of your child or teen's medical record, and is confidential.

The intake process moves more quickly if you're able to answer all of the questions on this form.

Who is filling in this form? (Please check (✓) one box:

- Parent/Caregiver
- Service Provider
- Physician
- Other _____

I have consent from the legal guardian to submit this form Yes No

The Navigator Program helps parents and caregivers caring for a child or teen with complex medical needs. It provides non-medical supports to help parents and caregivers in their caregiving role. Please check (✓) the boxes to let us know what kind of help you're looking for.

- Achieving employment or education goals
- Improving knowledge and access to key supports
- Expanding your social support network
- Strengthening relationship health
- Coping with stress
- Creating self-care techniques
- Finding accessible recreation
- Connecting to peer support
- Managing the day to day issues
- Other _____

What would you like to see happen as a result of this referral?

Please check (✓) all care providers and services the family is involved with:

- Ottawa Children's Treatment Centre
- Service Coordination
- Community Care Access Centre
- Roger Neilson House
- Rotary Home
- Children's Aid Society
- Other: _____
- Other: _____

Information about your child or teen: First name: _____ Middle Name: _____

Last Name: _____

DOB (d/m/y): _____ Gender: _____

Child's primary address _____

Parent or Guardian

Relationship to child or teen: _____

Phone #: _____ Email: _____

What is the best way for us to contact you? _____

What language is best for you? _____

Do you need an Interpreter? Yes No.

Please share any other information you think is important for us to know: _____

