boomerang HEALTH | POWERED BY SickKids®

Referral Form

Boomerang Health is a paediatric clinic owned by The Hospital for Sick Children. Please fax referral to 905-553-8120.

Patient information:

Last name _____ First name _____ Date of birth: ____ / ____ / ____ (MM / DD / YYYY)

Health card # _____ Gender _____

Address _____ Phone number _____

Parents' names _____

Services referred to:

- ☐ Endocrinologist
- ☐ Gastroenterologist
- ☐ Hearing Screening Test
- ☐ Massage Therapy
- ☐ Neurologist
- ☐ Occupational Therapy
- ☐ Paediatrician – General Consultation
- ☐ Physiotherapy – Neurodevelopmental
- ☐ Physiotherapy – Orthopaedic and Sports
- ☐ Registered Dietitian
- ☐ Sports Medicine Paediatrician
- ☐ Psychology
- ☐ Speech-Language Pathology

Reason for referral:

_____

_____

_____

_____

_____

_____

_____

Name of referring physician _____ Billing # _____ Signature _____

Address _____

Phone number _____ Fax number _____ Email _____ Date: ____ / ____ / ____ (MM / DD / YYYY)

9401 Jane Street, Suite 211, Vaughan, Ontario, L6A 4H7
Phone: 905-553-3155 | Fax: 905-553-8120 | www.boomeranghealth.com