

Referral Form

Boomerang Health is a paediatric clinic owned by The Hospital for Sick Children. If unable to submit the form online, you may fax the referral to 905-553-8120.

Patient information:

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

Health card # _____ Version _____ Gender _____ Email _____

Address _____ Phone number (home) _____

Parents' names _____ Phone number (mobile) _____

Referred to:

Rehabilitation Services:

- Hearing Screening Tests
- Massage Therapy
- Occupational Therapy
- Physiotherapy - Neurodevelopmental
- Physiotherapy - Orthopaedic & Sport
- Psychology
- Psychology - Neuro
- Registered Dietitian
- Social Work
- Speech-Language Pathology

Physician Services:

- Consulting Paediatrics
- Endocrinology
- Gastroenterology (scope time available)
- Neurology
- Orthopaedic Medicine
- Sports Medicine
- Bladder & Bowel Dysfunction

Reason for referral:

If applicable, please ensure the following are included with the referral:

- growth charts
- previous blood work
- diagnostic imaging
- consultation letters

Name of referring physician _____ Billing # _____ Signature _____

Address _____

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