boomerang HEALTH | POWERED BY SickKids®

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:

Rehab and Developmental Services:

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

Physician Services:

- Allergy
- Bladder & Bowel Dysfunction
- Consulting Paediatrics
- Newborn Well-baby Care
- Endocrinology
- Gastroenterology (scope time available)
- Neurology
- Orthopaedic Surgery
- Sports Medicine

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)

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