boomerang HEALTH | POWERED BY SickKids

Submit Referral

# 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 & Sports
- ☐ 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)
- ☐ Headache Medicine (include complete list of all medications)
- ☐ Neurology
- ☐ Orthopaedic Surgery & Musculoskeletal 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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