Doomerang	POWERED BY SickKids	Place patient sticker
	sultation Clinic Referral Form	
atient Information:		Date of Birth
ast Name	First Name	Gender DD MM YYYY
Guardians' Names	Email	
hone number (home)	Phone numb	er (mobile)
oppointment if pre-booked (URGENT appointments only): Time:	
afarral	o o ko du	
tererral urgency if not pre-b	ookea:	
Urgent (<1 Week)	Semi-urgent (1-2 weeks)	Non-urgent
	Semi-urgent (1-2 weeks) rimary care provider ary care provider Name of primar	Non-urgent y care provider:
Urgent (<1 Week) The patient does <u>not</u> have a p The patient <u>does</u> have a prima Not available	Semi-urgent (1-2 weeks) rimary care provider ary care provider Name of primar	y care provider:
The patient does <u>not</u> have a p The patient <u>does</u> have a prima Not available	Semi-urgent (1-2 weeks) rimary care provider ary care provider Name of primar Need paediatric opinion Request se	y care provider:
Urgent (<1 Week) The patient does <u>not</u> have a p The patient <u>does</u> have a prima Not available teason for referral (Attach S	Semi-urgent (1-2 weeks) rimary care provider ary care provider Name of primar Need paediatric opinion Request se	y care provider:
Urgent (<1 Week) The patient does <u>not</u> have a p The patient <u>does</u> have a prima Not available Reason for referral (Attach S	Semi-urgent (1-2 weeks) rimary care provider ary care provider Name of primar Need paediatric opinion Request se ickKids ED Summary of Care docume Billing Number	y care provider: cond opinion ents):
Urgent (<1 Week) The patient does <u>not</u> have a p The patient <u>does</u> have a prima Not available	Semi-urgent (1-2 weeks) rimary care provider ary care provider Name of primar Need paediatric opinion Request se ickKids ED Summary of Care docume Billing Number	y care provider: cond opinion ents):
Urgent (<1 Week) The patient does <u>not</u> have a p The patient <u>does</u> have a prima Not available Reason for referral (Attach S	Semi-urgent (1-2 weeks) rimary care provider ary care provider Name of primar Need paediatric opinion Request se ickKids ED Summary of Care docume Billing Number nto, ON M5G 1X8	y care provider: cond opinion ents):



(Place patient sticker)

Boomerang Health Paediatric Clinic Follow-Up

Your child has a follow-up appointment with a General Paediatrician at Boomerang Health
(For pre-booked appointments ONLY made by SickKids Emergency Department)

Date	
Time	
Location	Boomerang Health, 9401 Jane Street, Suite 211, Vaughan, ON L6A 4H7

Boomerang Health will contact you shortly to schedule an appointment

(For all non-urgent Specialists, Consulting and General Paediatrics referrals made by SickKids)

Please arrive 10 minutes before your appointment time to complete the registration process. **DO NOT FORGET YOUR HEALTH CARD!**

Kindly note that if you **DO NOT** cancel this appointment more than **24-hours in advance**, you will be subject to a cancellation fee of \$50.00.

BOOMERANG HEALTH CLINIC INFORMATION

Boomerang Health, SickKids' clinic in Vaughan, is located on Jane Street, one light north of Rutherford Road, and east of Highway 400. We are situated on the east side of Jane Street (see on map).

Free above ground and underground parking is available on site.

For more information, contact us at 905.553.3155 or info@boomeranghealth.com

Visit us at <u>www.boomeranghealth.com</u>

