

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) _____

Caregivers' names _____ Phone number (mobile) _____

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 (not accepting until Feb 1/21,
except for referrals from SickKids)
Headache Medicine (include complete list of
all medications)
Nephrology
Neurology

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 _____ Type of medical practice _____

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