

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 Number	Version	Gender	Email		
Full Address			Phone Number (Home)		
Caregivers' Names			Phone Number (Mobile)		

Rehabilitation and Developmental Services:

Virtual Services Available

- Speech Therapy
- Occupational Therapy
- Nutrition/Dietitian
- Physiotherapy (*neurodevelopmental/orthopaedic*)
- Massage Therapy
- Psychology (*diagnostic assessment/psychotherapy*)
- Social Work (*psychotherapy*)
- Group Therapy (*child/caregiver*)*

*See our website for further information

Physician Services:

Virtual Services Available

- Consulting Paediatrics
- Primary Care
- Allergy
- Adolescent Medicine (*including medication consultation*)
- Eating Disorders
- Endocrinology
- Gastroenterology (*scope time available*)
- Nephrology
- Bladder & Bowel Dysfunction
- Neurology (*including epilepsy*)
- Headache Medicine (*please list all meds*)

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		
	DD	MM YYYY