

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 website for group information

Physician Services:

Virtual Services Available

- | | |
|---|---|
| Consulting Paediatrics | Neurology <i>(including epilepsy)</i> |
| Primary Care | Headache Medicine <i>(please list all meds)</i> |
| Allergy | Sports Medicine |
| Adolescent Medicine *
<i>(including med consult)</i> | Musculoskeletal Medicine |
| Eating Disorders* | |
| Gender Affirming Care* | |
| Endocrinology | |
| Gastroenterology <i>(scope time available)</i> | |
| Nephrology | |
| Bladder & Bowel Dysfunction | |

**Referrals only for 12 years and older. Please include medical records listed below.*

Reason for Referral:

Please ensure the following medical records are included with the referral:

- Growth Charts
 Previous Blood Work
 Diagnostic Imaging
 EKG
 Consultation Letters

Name of Referring Physician	Billing #	Signature
Address		Type of Medical Practice
Phone Number	Fax Number	Email
		Date
		DD MM YYYY