

# 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 *<br>( <i>including med consult</i> ) | Musculoskeletal Medicine                          |

- Eating Disorders\*
- Gender Affirming Care\*
- Endocrinology
- Gastroenterology (*scope time available*)
- Nephrology
- Bladder & Bowel Dysfunction

\* Referrals only for 12 years and older

### Reason for Referral:

If applicable, please ensure the following are included with the referral:

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|---------------|---------------------|--------------------|----------------------|
| Growth Charts | Previous Blood Work | Diagnostic Imaging | Consultation Letters |
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Name of Referring Physician	Billing #	Signature
Address		Type of Medical Practice
Phone Number	Fax Number	Email
		Date
		DD    MM    YYYY