

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*)
- Pelvic Floor Physiotherapy
- 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
		MM DD YYYY