

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

- | | |
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| <ul style="list-style-type: none"> Consulting Paediatrics Primary Care Allergy Adolescent Medicine *
<i>(including med consult)</i> Eating Disorders* Gender Affirming Care* Endocrinology Gastroenterology (<i>scope time available</i>) Nephrology Bladder & Bowel Dysfunction | <ul style="list-style-type: none"> Neurology (<i>including epilepsy</i>) Headache Medicine (<i>please list all meds</i>) Sports & MSK Medicine +
+ (<i>Not accepting Apr 25, 2022 to Sept 2, 2022</i>) |
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**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