

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	Preferred Name		
Health Card Number	Version	Gender	Date of Birth	
			MM	DD
			YYYY	
Full Address		City/Province		Postal Code
Caregivers' Names			Phone Number (Home)	
Email			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*)

Physician Services:

Virtual Services Available

- Consulting Paediatrics
- Primary Care
- Allergy
- Adolescent Medicine *
(including med consult)
- Eating Disorders*
- Gender Affirming Care*
- Endocrinology
- Gastroenterology (*scope time available*)
- Nephrology
- Bladder & Bowel Dysfunction
- Neurology (*including epilepsy*)

***Not Accepting New Referrals Until Feb 24/2023.**

PLEASE ENSURE THE BELOW MEDICAL RECORDS ARE INCLUDED WITH REFERRALS.

REFERRALS WILL NOT BE ACCEPTED WITHOUT THE RECORDS THAT ARE APPLICABLE.

- Growth Charts
- Previous Blood Work
- Diagnostic Imaging
- EKG
- Consultation Letters

Reason for Referral:

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