

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
- Lactation Consultation *(not covered by OHIP)*
- Physiotherapy *(neurodevelopmental/orthopaedic)*
- Pelvic Floor Physiotherapy
- Massage Therapy
- Psychology *(diagnostic assessment/psychotherapy)*
- Psychoeducational Assessment
- Social Work *(psychotherapy)*

Physician Services:

Virtual Services Available

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

***Not Accepting New Referrals Until Aug. 31, 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