

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
 Hearing Screening
 Occupational Therapy
 Nutrition/Dietitian
 Physiotherapy (*neurodevelopmental/orthopaedic*)
 Pelvic Health Physiotherapy
 Massage Therapy
 Psychology (*diagnostic assessment/psychotherapy*)
 Psychoeducational Assessment
 Social Work (*psychotherapy*)

Physician Services:

Virtual Services Available

Consulting Paediatrics
 Primary Care
 Allergy & Immunology
 Adolescent Medicine*
(including med consult)
 Eating Disorders*
 Gender Affirming Care*
 Cardiology
(if required, echo is available at Boomerang)

Endocrinology
(including medical management for Gender Affirming Care)
 Gastroenterology (*scope time available*)*
 Nephrology
 Bladder & Bowel Dysfunction
 Neurology (*including epilepsy*)*
 Orthopaedic Surgery & MSK

***Not Accepting New Referrals.**

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