

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:

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

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*)

Consulting Paediatrics
Primary Care
Allergy & Immunology
Adolescent Medicine*
(*including med consult*)
Eating Disorders
Gender Affirming Care*

**Not accepting new referrals.*

Physician Services:

Virtual Services Available

Endocrinology
(*including medical management for Gender Affirming Care*)
Gastroenterology (*scope time available*)
Nephrology
Bladder & Bowel Dysfunction
Orthopaedic Surgery & MSK
Cardiology
(*if required, echo is available at Boomerang*)

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:

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