

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*)
Chronic Pain Physiotherapy
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*
Cardiology (General & Preventive)
(if required, echo is available at Boomerang)

Physician Services:

Virtual Services Available

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	