

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*)

Physician Services:

Virtual Services Available

Allergy & Immunology
Bladder & Bowel Dysfunction
Cardiology - General & Preventive (*echo available at Boomerang*)
Consulting Paediatrics
Eating Disorders**
Endocrinology (*incl. med mgmt for Gender Affirming Care*)
Gastroenterology (*scope time available*)
Healthy Lifestyle & Management (**NEW Live Well Kids Clinic**)**
Nephrology
Neurology (*including epilepsy*)
Orthopaedic Surgery & MSK

PLEASE ENSURE THE BELOW MEDICAL RECORDS ARE INCLUDED WITH REFERRALS.

REFERRALS WILL NOT BE ACCEPTED WITHOUT THE APPLICABLE RECORDS / INFORMATION.

Growth Charts Previous Blood Work Diagnostic Imaging EKG Consultation Letters BMI**

Name of Referring Physician	Billing #	Signature
-----------------------------	-----------	-----------

Address			Type of Medical Practice		
Phone Number	Fax Number	Email	Date	DD	MM
				YYYY	

DID YOU FORGET TO ADD YOUR BILLING #?