

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

DID YOU FORGET TO ADD YOUR BILLING #?