

## 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 (*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\*\*

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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 #?**