

REFERRAL FORM

Address

Phone Number

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:	ii dilable to su	billic the form offin	e, you may	iax the relei	iai to 303-3	33- 6120.
Last Name	First Name		Preferred Name			
			Date of Birth			
Health Card Number	Version	Gender		MM	DD	YYYY
Full Address		City/Province		Postal Code		
Caregivers' Names		Phone Numb	ver (Home)			
Email		Phone Numb	per (Mobile)			
Rehabilitation and Developmen Virtual Services Available		•	Physician 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* Cardiology (General & Preventive) (if required, echo is available at Boomerang)		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.		
	URE THE BELOW ME					
Growth Charts Reason for Referral:	Previous Blood Work	Diagnostic Imaginį	g EKG	Consultatio	on Letters	
Name of Referring Physician Billing #			Signature			

Type of Medical Practice

Date

DD

MM

Email

Fax Number