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Toronto, ON M6G 1K7
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Web: bloorkids.com
Phone: (647) 483-1502
Fax: (647) 480-0909

Referral Form

Patient Information (Affix patient label)

Patient Name:
OHIP Number: Gender:
Date of Birth (dd/mm/yy): Email address(required):
Phone Number: " Guardian 1" name:
Address: " Guardian 2" name:

Referral to:

□ **General Pediatrics**

Speciality Clinic:
□ Infant Feeding Clinic: MD, OT, RD
□ Breastfeeding Medicine: MD, LC
□ Developmental Pediatrics: Dr. Nguyen, Claire
□ Behavioural and Mental Health Pediatrics: Dr. Singer, Arielle
□ Pediatric Dermatology Clinic: Dr. Sibbald, Cathryn
□ Pediatric Clinical Allergy and Immunology: Dr. Sud, Shama
□ Pediatric Nephrology: Dr. Betcherman, Laura
□ Infectious Diseases: Dr. Posen, Joshua

Allied Health Services:
□ Dietitian
□ Lactation Consultant
□ Occupational Therapy
□ Speech Language Pathology
□ Social worker / Psychotherapy

Reason for Referral: ☐ Urgent ☐ Not Urgent

Referring Physician:

Physician Name Billing Number

Address

Tel Fax

Physician Signature: Date: