

KIDS CARE CENTRE – REFERRAL TO PEDIATRICIAN

Health Sciences North

41 Ramsey Lake Road, Sudbury, ON P3E 5J1

Phone: (705) 523-7120 Fax Referral Line: (705) 523-8600



Date of Referral:		Reason for Referral:	
Urgency: <input type="radio"/> within 6-12 weeks Reason for Urgency: PLEASE NOTE: All referrals will be triaged by a Pediatrician. Please contact the Pediatrician On Call if a case is extremely urgent.			
PATIENT INFORMATION:			
Name:		Date of Birth:	____ / ____ / ____ DD MM YYYY
Address:			
Gender:		Health Card #:	
Home Phone #:		Cell Phone #:	
Name of Parent/Guardian:		Parental/Guardian Consent:	Parent/Guardian aware of reason for referral: <input type="radio"/> Y <input type="radio"/> N
Preferred Language:	<input type="radio"/> English <input type="radio"/> French	Preferred Location:	<input type="radio"/> Sudbury <input type="radio"/> Elliot Lake <input type="radio"/> Little Current
Consultation Circumstances:	Sibling followed by _____ Patient Previously Followed By _____ Second opinion required: patient previously seen by: _____		
REFERRING PROVIDER INFORMATION:			
Provider Name:		OHIP Billing #:	
Phone #:		Fax #:	
Provider Type: <input type="radio"/> GP <input type="radio"/> NP <input type="radio"/> MW <input type="radio"/> OB/GYN <input type="radio"/> Pediatrician <input type="radio"/> Other Specialist <input type="radio"/> Walk in Clinic <input type="radio"/> CAS <input type="radio"/> CCN <input type="radio"/> HSN Allied Health <input type="radio"/> CTC <input type="radio"/> ICDS <input type="radio"/> Other Health Centre <input type="radio"/> Rural Nursing Station <input type="radio"/> Other _____			
MEDICAL INFORMATION:			
Please provide below, or attach, a brief history, reason for consultation, positive physical findings, relevant investigations, and current medications. The absence of necessary accompanying documentation may result in delayed consultation. Documentation attached: : <input type="radio"/> growth charts : <input type="radio"/> lab reports : <input type="radio"/> radiology reports			

NOTE: You will be notified directly of the patient's appointment date and time. If the status of the patient changes, please re-send the referral, indicating the change in status. Please instruct patients to contact NEO Kids should their appointment no longer be required. The referring provider remains responsible for care of the patient prior to pediatric medical consultation at NEO Kids.