



Email or Fax form
 2686 Danforth Avenue, Toronto, Ontario M4C 1L7
 T: (416) 849-2260 Fax: (416) 849-2261
 info@thrivekidsclinic.ca

**MUST BE UNDER CHILDS NAME.
 DO NOT SEND WITH PARENT NAME OR UNBORN CHILD.
 CHILD MUST BE BORN**

REFERRAL FORM

Patient Information (Affix Label)

Last Name: _____
 First Name: _____
 Date of Birth: _____ VC: _____
 OHIP#: _____
 Phone: H: _____ C: _____
 Expiry date: _____

Parents Email: _____

PLEASE SELECT THE SERVICE YOU ARE REQUESTING FOR YOUR PATIENT

General Paediatrics Consults

Indicate reason:
 Newborn care

*Please note: It is important that newborns be seen shortly after the time of delivery.
 Due to recent changes to Ontario Ministry of Health Requirements for specialist (pediatrician) a referral is required to provide longitudinal management virtually. If management through the clinic (which occasionally requires virtual visits) is felt appropriate, please complete this referral to avoid any lapse in care. Your support for this referral will allow transfer of care to our practice.*

REASON FOR REFERRAL

Please provide additional information regarding the reason for referral (specify current symptoms, presenting problems, relevant history and medications).

- Pre-natal concerns
- Family history
- Neo-natal conditions
- Delivery complications

Referring MD: _____ MD Billing #: _____

MD Address: _____ Phone: _____ Fax: _____

Signature: _____ Today's Date: _____

2686 Danforth Avenue, Toronto
 Located across from Canadian Tire on Danforth & Main
 info@thrivekidsclinic.ca
 T: 416-849-2260
 F: 416-849-2261
 Mon-Fri: 10am-4pm

We will contact within 2-4 business days with an appointment.
 Fax Referrals to : 416-849-2261