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| • **(INCOMPLETE REFERRALS WILL BE RETURNED FOR COMPELETION)**  •**Fax completed intake form to: (416) 867-3736**  •**We will contact you and your patient with appointment date and time**  •**Please note the booking process can take up to two weeks.**  **AVAILABLE ONLINE: www.unityhealth.to** |

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| **REFERRAL DATE:** | | | | | | | |
| **REQUESTED CLINIC: (Please select below)** | | | | | | | |
| General Pediatric Clinic □ | | Developmental Clinic □ | | | | Adolescent Clinic □ | |
| FASD Clinic □ | | Hematology Clinic □ | | | | Neonatal Follow-up clinic □ | |
| Special Nutrition Clinic □ | | Antenatal Clinic □ | | | | Cardiology Clinic □ | |
| Newcomer to Canada Clinic □ | | Dermatology Clinic □ | | | |  | |
| **PATIENT INFORMATION** | | | | **PLEASE CHECK IF URGENT** | | | |
| MRN # \_  **Last Name**:  **First**:  D.O.B. dd/mm/yyyy Age:  Address:  City: Prov: Postal:  Contact #:  OHIP #:  IFH # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OTHER INSURANCE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **REFERRING PHYSICIAN**  Referring Physician (please print) / Billing #  Address  Telephone # / Fax #  *SIGNATURE* | | | |
| Previously Seen in this clinic: Yes ◌ No ◌ | | | |
| **AGE CATEGORY (PLEASE CIRCLE)** | | | | | | | |
| **NEWBORN**  **0-3 MOS** | **INFANT**  **3 – 12 MOS** | | **PRESCHOOL**  **12-36 MOS** | | **CHILD**  **3 – 12 YEARS** | | **ADOLESCENT**  **13-18 YEARS** |
|  | | | | | | | |
| -Language Interpreter Required? □ NO □ YES – if yes language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  -American Sign Language Interpreter Required? □ NO □ YES  - Does the patient have a regular family doctor? □ NO □ YES  -**Newcomer to Canada Clinic**: Has patient been in Canada for less than 2 years? □ NO □ YES  - Indicate all services already involved: □ Social Work □ Dietitian □ Other services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **REASON FOR REFERRAL** | | | | | | | |
|  | | | | | | | |
| **PLEASE SEND:** | | | | | | | |
| * **ALL PERTINENT DIAGNOSTIC & LAB RESULTS • LIST OF CURRENT MEDICATIONS • INVESTIGATIONS**   **• CONSULT NOTES / DISCHARGE SUMMARY • GROWTH CHART • PREVIOUS RESOURCES** | | | | | | | |