Children's Hospital of Eastern Ontario
Centre hospitalier pour enfants de l'est de l'Ontario
401 Smyth Road, Ottawa K1H 0L1
www.cheo.on.ca

For CHEO use only

PEDIATRIC MEDICINE REFERRAL FORM
FAX: 613-738-4878
PHONE: 737-7600 Ext 2352 (clinic) Ext 2222 (booking)

Date: _____

Referring Physician

Name: _____
Mailing Address: _____
_____
Telephone: _____
Fax: _____
Signature: _____
Provider #: _____

Patient Information

Name: _____
Home Address:_____
_____
Parent/Guardian: _____
Health Card #: _____
Sex: ☐ M ☐ F
DOB: day_____month _____year_____
Telephone: _____
Language: ☐English ☐French ☐Other:_____
Is an interpreter required? Y N

Medical Information and Reason for Referral

- Please print.
- Provide a brief history, reason for consultation, positive physical findings, relevant investigations, and current medications.
- **Must attach any relevant growth charts , growth parameters, and results of previous investigations including consults. The absence of necessary accompanying documentation may result in delayed consultation.**

Other Information:

Is the patient followed by or referred to another pediatrician or pediatric subspecialist? ☐ No ☐ Yes: _____

Is the patient/family aware that you have requested this consultation? ☐ No ☐ Yes

Please note:

- The patient will be notified directly with their appointment time.
- If the status of the patient changes, please re-send the referral, indicating the change in status.
- Please instruct patients to contact the clinic should their appointment no longer be required.
- **Important**: The **referring physician remains responsible** for the care of the patient prior to the Pediatric Medicine consultation at CHEO.

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TRIAGE COMMENTS

Reason for Referral:
- ☐ Grow and Thrive
- ☐ Developmental Delay
- ☐ Other:

_____

Priority:
- ☐ Urgent
- ☐ Semi-Urgent
- ☐ Semi-Elective

Book with:
- ☐ Paediatrician
  - ☐ Any
  - ☐ Name:

  _____
- ☐ PGY4
- ☐ Dietitian
- ☐ FTT Spot

Date: *yy/mm/dd*_____

Signature: _____

SCHEDULING NOTES

Date received: y_____m_____d_____

Appt Time: y_____m_____d_____

No. Pages Received: _____

Family notified: y_____m_____d_____

Clerk's Signature:

_____