



1245 Lakeshore Road
Burlington, ON L7S 0A2

Pediatric Rapid Assessment Clinic Referral Form

FAX: 905 681-4838 Phone: 905 632-3730 x 5777

Patient Name _____

Health Card #: _____ Version Code: _____

Address: _____

Phone#: _____

DOB: _____ Age: _____ Female Male

TO REQUEST AN APPOINTMENT: ALL completed referral forms must be faxed. Note: Clinic Operates Monday – Friday <u>Only</u> - Closed weekends and holidays Please give patients the attached Parent/Clinic Information Sheet.		
PRIORITY		
<input type="checkbox"/> Urgent: <24 hr <input type="checkbox"/> Semi-Urgent: <48 hr <input type="checkbox"/> Non-Urgent: <72 hr REASON FOR REFERRAL: (If urgent – provide detail)	Eligibility Criteria: <ul style="list-style-type: none"> ▪ Children age 0-17 years ▪ Follow up/Consultation required within 24-72 hours ▪ Antenatal consultations Exclusion Criteria: <ul style="list-style-type: none"> ▪ Acutely unwell children ▪ Mental health, behavior and developmental concerns ▪ Children requiring routine outpatient services for chronic conditions ▪ Surgical consults ▪ Primary care 	
Brief History (please attach results of investigations / relevant clinical documents eg. Lab results, growth charts...)		
Referral source: <input type="checkbox"/> ER (JBH/McMaster/other) <input type="checkbox"/> Family Physician office <input type="checkbox"/> Other: _____		
REFERRING PHYSICIAN INFORMATION		
Referring Physician Name: (Please print)	Referring Physician fax:	Referring Physician phone:
Referring Physician Signature:	Billing Number:	Date:
OFFICE USE ONLY Triage Information:		
Appointment Date:	Time:	Family aware: Pre-registered:

Paediatric Rapid Assessment Clinic

PARENT/CAREGIVER INFORMATION

Your infant/child has been referred to the **Paediatric Rapid Assessment Clinic (PRAC)** at Joseph Brant Hospital.

Your referral will be reviewed by the clinic paediatrician and **you will be called with an appointment date and time (within 1-3 days)**. The clinic is closed on weekends and holidays.

When you arrive at the hospital

→ GO directly to the **Pediatric Rapid Assessment Clinic**.

The clinic is part of the Maternal Child Clinics and is located on the 2nd floor in the North Tower. It is in the 2N500 section.

Wait in the waiting room outside of clinic doors and you will be called when it is your turn to be seen.

What to bring to your appointment

Child's health card

All medications your child has been prescribed

Any items you may need to care for your child (ie. Diapers, snacks)

If you are unable to make your scheduled appointment

Contact the Clinic at 905 632-3730 ext. 5777

If your child's condition is getting worse

Contact your referring physician or go directly to the Emergency Department for reassessment.

Please note – occasionally referrals do not meet clinic criteria and will be returned to the referring physician to follow up.