JOSEPH BRANT HOSPITAL

1245 Lakeshore Road
Burlington, ON L7S 0A2

Paediatric Clinic Referral Form

Telephone: 905-632-3737 EX 4109
Fax: 905-681-4838

Medical Record #: _____ _____

Patient Name: _____

Address:_____

DOB: _____ Age: _____ □ Female □ Male

OHIP #: _____ _____Version Code _____

Phone#:_____Cell:_____

TO REQUEST AN APPOINTMENT:
ALL completed referral forms must be faxed. Please give patients the attached Clinic Information Sheet.

PARENT/GUARDIAN CONTACT INFORMATION	**CONSIDERATIONS**	
Parent/Guardian Name: Relationship to patient: **Preferred contact #**: _____	☐ **Urgent: <24 hr** ☐ **Semi-Urgent: <48 hr** ☐ **Non-Urgent: <72 hr**	**Family Physician:** (If different from referring physician)

REFERRAL INFORMATION

Reason for Referral:

Past Medical History:

Eligibility Criteria:
- Children age 0-17 years
- Follow up/Consultation required within 24-72 hours
- Antenatal consultations

Exclusion Criteria:
- Acutely unwell children
- Mental health, behavior and developmental concerns
- Children requiring routine outpatient services for chronic conditions
- Surgical consults
- Primary care

Referral source:
☐ ER (JBH/McMaster/other)
☐ Family Physician office
☐ JBH Inpatient unit
☐ Other:_____

Relevant Clinical Information (attach where possible):
☐ Patient History & Consult notes
☐ Lab (pending ☐ No ☐ Yes)
☐ Imaging
☐ Other:_____

REFERRING PHYSICIAN INFORMATION

Referring Physician Name: (Please print)	**Referring Physician fax:**	**Referring Physician phone:**
Referring Physician Signature:	**Billing Number:**	**Date:**

OFFICE USE ONLY
Appointment Date (d/m/y): _____ Time: _____ Initials:_____
Notification provided to: ☐ Referring Provider ☐ Patient ☐ Other:_____ Date (d/m/y): _____

31/05/2019

I10207

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Paediatric Rapid Assessment Clinic

PARENT/CAREGIVER INFORMATION

Your infant/child has been referred to the Paediatric Rapid Assessment Clinic at Joseph Brant Hospital. Your infant/child will be seen by a Pediatrician in the next 1-3 days.

You will be **called within 24 hours** and be **given an appointment date and time**.
If you can't make your scheduled appointment, please call as soon as possible. 905-336-4109.

Please read the information on this handout and direct any questions to your doctor, nurse or midwife. You can also find more information about the clinic on the hospital website: josephbranthospital.ca

When you arrive at the hospital

1. Register at the hospital **Admitting Department** before coming to clinic:
   It is located in the South Tower on the 1st floor.
   Please arrive 15 minutes early for registration.

2. Go to the **Paediatric Rapid Assessment Clinic**:
   The Pediatric Rapid Assessment 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.

3. **Waiting Room:**
   Please wait in the waiting room when you arrive.
   Your infant/child will be called to be seen in the clinic by the nurse or doctor.
   The Waiting Room is located to the left of the Maternal Child Clinics doors.

What to bring to your appointment:

- ✓ Infant/Child's health card
- ✓ All medications
- ✓ Any items you may need to care for your child (eg. Diapers, snacks)

If your child's condition is getting worse prior to your appointment, please speak to your referring physician/midwife or go directly to the Emergency Department.