Humber River Health Lighting New Ways in Healthcare™

Maternal & Child Program

PAEDIATRIC OUTPATIENT OCCUPATIONAL THERAPY REFERRAL FORM

1235 Wilson Ave, (Outpatient Paediatric Clinic) **P: 416-242-1000 (x21400) F: 416-242-1095**

Client Information:		
Name:		DOB:
Address:	City:	Postal Code:
OHIP #:		Version Code:
Parents Full Names/Guardian's Name:		
Home Phone Number:	Work Phone Number:	
Email Address:		
Referring Physician's Name:	Phone Number:	

Diagnosis

Services Required

Medical History
Medical History (Please be specific):
Procedures completed and the results:
Current Medication and dosages:
Once we receive the completed form, a letter will be sent to the parents confirming that the referral has been received. The child will be placed on our waiting list and the parents will be contacted to arrange for an appointment a few weeks prior to the appointment date.