



**Pediatric Health Experts  
Pediatric and Teen Health (PATH)**  
30 Prospect St, Suite 200  
Newmarket, ON L3Y 3S9  
**P:** (905) 235-PATH (7284)  
**F:** (905) 235-7320

**Patient Information:**

Name: \_\_\_\_\_ DOB (dd/mm/yyyy): \_\_\_\_\_  
HCN: \_\_\_\_\_ VC: \_\_\_\_\_ Gender: Male Female  
Address: \_\_\_\_\_ Contact #: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Referring Physician Information:**

Name: \_\_\_\_\_ Billing #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

**Consultation Request Information:**

Reason for referral:

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Relevant past medical history:

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Medications:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Investigations/Reports:

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Is this request urgent (within 2 weeks)? If so, please indicate reason.

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Additional information (as needed):

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**Please fax completed referral form to (905) 235-7320. Thank you!**