Sudbury Pediatric Associates
North Eastern Ontario Health Centre for Kids (NEO Kids)
41 Ramsey Lake Road, Sudbury, ON P3E 5J1
Phone: (705) 523-7120 Fax Referral Line: (705) 523-8600

Health Sciences North
Horizon Santé-Nord
ENFANTS NEO KIDS

REFERRING PHYSICIAN INFORMATION:		PATIENT INFORMATION:	
Physician Name:		First Name:	
Mailing Address:		Last Name:	
		Home Address:	
Telephone Number:			
Fax Number:		Postal Code:	
OHIP Billing Number:		Gender:	Male ☐ Female ☐
Reason for Referral:		Date of Birth:	____ / ____ / ____ M D Y
Parent/Guardian aware of reason for referral:	Yes ☐ No ☐ Please obtain verbal consent from parent/guardian for referral and explain reason for referral	Health Card # (including version code):	
Preferred location for patient to receive consult:	Sudbury ☐ Elliot Lake ☐ Little Current ☐	Home Phone #:	
		Parent/Guardian:	
		Contact Phone #:	
Consultation circumstances:	Sibling followed by: _____ Patient previously followed by: _____ Second opinion required; patient previously seen by: _____	Preferred Language:	English ☐ French ☐
Number of pages faxed (including face sheet):			

MEDICAL INFORMATION: ***Please provide a brief history, reason for consultation, positive physical findings, relevant investigations, and current medications. The absence of necessary accompanying documentation may result in delayed consultation. Relevant information included:***

☐ **growth charts** ☐ **laboratory reports** ☐ **radiology reports** ☐ **other**

Urgency: ☐ **Urgent (within 6-12 weeks) Reason for Urgency:**

Please note: All referrals will be triaged by a Pediatrician. Please contact the Physician On Call if a case is extremely urgent.

FOR OFFICE USE ONLY:

Date referral received:		**Referring Physician Notified:**	☐ **Yes** ☐ **No**
Date referral triaged:		**Notified Physician via:**	☐ **Fax** ☐ **Phone**
Pediatrician assigned:		**Date of Consult:**	

Please note: The patient will be notified directly of their appointment date and time. If the status of the patient changes, please re-send the referral, indicating the change in status. Please instruct patients to contact NEO Kids should their appointment no longer be required. The referring physician remains responsible for care of the patient prior to pediatric medical consultation at NEO Kids.