HUMBER RIVER HOSPITAL

Maternal & Child Health Program

PAEDIATRIC OUTPATIENT OCCUPATIONAL THERAPY REFERRAL FORM

1235 Wilson Ave, (Outpatient Paediatric Clinic) 416-242-1000 (X21400) Fax: 416-242-1095

Client Information:

Name:		Date of Birth:
Address:	City:	Postal Code:
OHIP #:		Version Code:
Parents Full Names/Guardian's Name:		
Home Phone Number:	Work Phone Number:	
Referring Physician's Name:	Phone Number:	

Diagnosis

Services Required

Medical History:

Medical history (Please be specific and exact):

Procedures completed and the results:

Current Medications 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.