

**REFERRAL FORM**

**Patient Information (Affix Label)**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 OHIP#: \_\_\_\_\_ VC: \_\_\_\_\_  
 Phone: H: \_\_\_\_\_ C: \_\_\_\_\_

**Referral to:**

**GENERAL PEDIATRICIANS**

Drs. Weinberg, Mehta, Rachlis, Das, Savlov, Gans, Zaretsky, Rockman, Barrett, Frangos

**PEDIATRIC SPECIALISTS**

- Allergy/Immunology** – Drs. Amiirah Aujnarain and Melanie Conway
- Endocrinology** – Dr. San Basak
- Gastroenterology** – Dr. Mark Zaretsky
- Gynecology** – Dr. Heather Millar
- Lactation Medicine** – Dr. Leah Roth
- Neurology** (via Neurology Centre Toronto) – Drs. Evan Lewis, Dragos Nita, and Ervin Johnson
- Respirology** – Dr. Amy Glicksman
- Rheumatology** – Dr. Alisa Rachlis
- Circumcision** – Dr. David Levin
- Medical Urology** – Dr. Joana Dos Santos

**MULTIDISCIPLINARY TEAMS**

- Bladder and Bowel Dysfunction Clinic** – Drs. Rachel Barrett, Joana Dos Santos, and Registered Nurse
- Wart/Eczema/Acne/Molluscum Clinic** – Gen pediatrics clinic for management of warts, eczema, acne, molluscum
- Obesity, Medical Nutrition, and Healthy Living Program** – Dr. Dan Flanders and Dietitian Team
- Feeding Assessment Team:** Team includes MD, OT, RD, Behavior specialist
- Tongue Tie Release Clinic (to support infant feeding)** – Drs. Flanders, Weinberg, and Lactation Consultants
- Prader Willi Syndrome Clinic** – Dr. San Basak and Karen Balko (Dietitian)
- Autism and Social Communication Assessment Clinic** – Dr. Louis Peltz and Mary Plain (Speech Therapist)

**PSYCHOLOGY AND ALLIED HEALTH SERVICES**

- Child and Family Psychology Services** – KinderCare Psychology Team
- Private Lactation Consultation Services (at home or in clinic)** – Mary Lynne Beiner and Alex Thompson
- Physiotherapy** (via Kids Physio Toronto) – Hillary Abramsky
- Occupational Therapy** – Megan Silverheart and Francine Persico
- Dietitics** – Ahuva Magder, Karen Balko, Paula Ng, and Natalie Huang
- Speech Language Therapy** – Sari Feldstein

**Reason for Referral:**

Referring MD: \_\_\_\_\_ MD Billing #: \_\_\_\_\_

MD Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Fax Referrals to 416-848-7664**