

OUTPATIENT REFERRAL TO PEDIATRICS

REF65

Referrals related to developmental and behavioural concerns must be sent to Outpatient Referral to Developmental Health Central Intake. Referrals related to adolescent anxiety or mental health concerns must first be sent to Adolescent Medicine where they will be screened, triaged, and assigned to the most appropriate service.

SERVICE REQUESTED

Service Requested: ☐ New Assessment ☐ Second Opinion

Comments: _____

REASON(S) FOR REFERRAL

Reason(s) for Referral:

- ☐ Newborn Concerns (0-3 months) ☐ Cardiorespiratory ☐ Gastrointestinal/Urinary Concerns ☐ Nutritional Concerns
☐ Colic/Irritability ☐ First presentation seizure (non-febrile) ☐ Learning and Behaviour ☐ Other

If Newborn Concerns (0-3 months) selected:

Reason(s) for referral:

- ☐ Failure to Thrive (Newborn poor weight gain) ☐ Plagiocephaly ☐ NICU Follow-up with active medical complexity
☐ Respiratory ☐ Symptomatic GERD ☐ Asymptomatic murmur in Neonate

Describe issue/other concern: _____

If Cardiorespiratory selected:

Describe issue/other concern: _____

If Gastrointestinal/Urinary Concerns selected:

Reason(s) for referral:

- ☐ Diarrhea ☐ GER/Vomiting ☐ Frequent urination ☐ Hematuria ☐ Proteinuria ☐ Bloody Stools

Describe issue/other concern: _____

If Nutritional Concerns selected:

Reason(s) for referral:

- ☐ Iron deficiency-symptomatic ☐ Symptomatic anemia

Describe issue/other concern: _____

If Colic/Irritability or First presentation seizure (non-febrile):

No additional sub-fields required.

If Learning and Behaviour selected:

Please enter comments: _____

If Other selected:

Describe issue/other concern: _____

ADDITIONAL INFORMATION

Has this patient lost weight due to the concern? ☐ Yes ☐ No

Duration of symptoms: ☐ 0-2 months ☐ 3-5 months ☐ 6-12 months ☐ Longer than 12 months