

Mackenzie Richmond Hill Hospital 10 Trench Street, Richmond Hill ON L4C 4Z3 905-883-1212

Cortellucci Vaughan Hospital

3200 Major Mackenzie Drive West, Vaughan ON L6A 4Z3 905-417-2000

Pediatric Referral Form

Mackenzie Health Children's Clinic Mackenzie Richmond Hill Hospital

10 Trench Street

Richmond Hill, ON L4C 4Z3

Hours: Monday - Sunday/Stat holidays, 10:30 a.m. - 8:00 p.m.

Telephone: 905-883-1212 Ext. 4102

Fax: 905-883-2234

| Patient Label |
|---------------|
| |

| Patient Information | | | | | | |
|--|---------------------------------|--------------------------------|--------------------------|------------------------------|--|--|
| (Print Last, First) | | | | (dd/mm/yyyy) | | |
| Patient Name: | | Date of Birth: | | | | |
| Street: No. & Name Address: # | City | Province | Postal Code | Country | | |
| Main Telephone Number: | Alternate Phone Number: | | | | | |
| Health Card Number: | Version Code: | | | | | |
| | Refer | ring Physician | | | | |
| (Print Last, First) Physician Name: | | Physician Signature: | | (dd/mm/yyyy) Date: | | |
| Billing Number: | | | | | | |
| Telephone Number: | | Fax Numbe | er: | | | |
| Street: No. & Name Address: # | City | Province | Postal Code | Country | | |
| Mackenzie Health Children's Clinic (MHCC) is | s a referral-ba | ased urgent care clin | ic staffed by general p | ediatricians. | | |
| Patients must be greater than six month | _ | | | | | |
| Subspecialty services, mental health services. | vices, and con | sultation for complex | x or chronic health cor | nditions are not provided by | | |
| Reason for Referral (select an option and provide pediatricians) | | | | | | |
| ☐ Respiratory illness ☐ Ongoing Fev | rer 🔲 Vo | miting/Diarrhea | ☐ Head Injury | ☐ Abdominal Pain | | |
| Other (please specify) | | | | | | |
| If patient is emergent, please call the Macken patient to the closest Emergency Department. | | dren's Clinic 905-883 | -1212 ext.4102. If it is | outside clinic hours, send | | |
| ☐ Emergent will be seen within 24 hours. | Reason: | | | | | |
| Urgent patients will be seen in 48 hours and | I fax to the So | heduling Office at 90 | 05-883-0772 | | | |
| Appointment Information: Please bring a complete list of all med Please bring the patient's Health card Arrive 20 minutes prior to your appoint | l and immunize ntment for Re | zation record. egistration. | | | | |

- Please check in using our self-serve kiosks, location in Patient Registration.
- After registration you will be directed to the clinic.

