TORONTO CARE CLINIC

FAX REFERRALS TO
416-250-0323
Tel 416-250-7171 · Monday, Wednesday, Thursday, Friday 4–8 pm

Pediatric Consultation Referral Form

Form W

Dr. Naghmeh Forghani, Pediatrics · Children and teens 0–18 · English and Persian (Farsi) · * required

PATIENT

LAST NAME, FIRST NAME *	DATE OF BIRTH (YYYY-MM-DD) *	SEX	REFERRAL TYPE
			☐ New ☐ Re-referral
ADDRESS *	**CITY ***	**POSTAL CODE ***	**HEALTH CARD NO. / VERSION ***
PARENT OR GUARDIAN *	**RELATIONSHIP TO PATIENT**	**PHONE ***	**EMAIL**
PREFERRED LANGUAGE ☐ English ☐ Persian (Farsi) ☐ Other: _____		**INTERPRETER NEEDED** ☐ Yes ☐ No	

REASON FOR REFERRAL Tick all that apply

☐ General pediatrics ☐ Newborn and infant care ☐ Feeding and growth
☐ Developmental/behavioural concern ☐ ADHD assessment or management ☐ Autism-related concern
☐ Adolescent mental health ☐ Other: _____

CLINICAL SUMMARY

DEVELOPMENTAL, BEHAVIOURAL OR MENTAL HEALTH HISTORY, IF APPLICABLE

CURRENT MEDICATIONS AND ALLERGIES

INVESTIGATIONS, CONSULTATIONS AND PRIOR ASSESSMENTS

ATTACHED
☐ Growth chart ☐ Previous assessments or reports ☐ Lab results ☐ Cumulative patient profile ☐ Other: _____
Where relevant, please also attach the medication list, newborn or discharge summary, imaging results, specialist reports, developmental or psychological assessments, and school or IEP reports.

URGENCY Tick one

☐ Routine ☐ Sooner if possible, reason: _____
☐ Newborn, discharge date: _____ (seen within 72 hours of discharge)

This clinic does not provide emergency care. Please direct emergencies to the nearest emergency department.

REFERRING CLINICIAN

NAME *	ROLE	CPSO / CNO NUMBER	BILLING NUMBER *
	☐ Family physician ☐ Nurse practitioner		
CLINIC NAME	**ADDRESS, CITY AND POSTAL CODE**		
PHONE *	**FAX FOR OUR REPLY ***	**FAMILY ASKED FOR DR. FORGHANI BY NAME**	
		☐ Yes ☐ No	
Toronto Care Clinic will not assume sole responsibility for prescriptions. As the most responsible physician, by signing below I agree to continue the patient's prescriptions and primary care.		**SIGNATURE AND DATE ***	

What happens next: your office receives an acknowledgement by fax the same business day. We call the family within 2 business days. Dr. Forghani's consultation letter reaches you within 5 business days of the visit.