DR. SHANEELA SHAHID - MD, FRCPC, FAAP
Consultant Pediatrician
Assisstant Clinical Professor - McMaster University

PEDIATRIC MEDICINE REFERRAL FORM

CENTRAL BOOKING LINE
Fax: 905-336-9626 Phone: 905-336-9607

Please Check on Requested Location:

Burlington ☐ : Halton Family Health Center - 2951 Walkers Line, 2nd Floor
Stoney Creek ☐ : South Mount Health Center - 35 Upper Centennial Pkwy, 2nd Floor

Referring Physician:

Name: patMdName
Mailing Address: currMdAddress1
currMdCity, currMdProvince currMdPostalCode
Telephone # currMdPhone.default
Fax # currMdFax.default
Signature:
Provider # patMdPhysNum

Patient Information

Name: patName
Home Address: patStreetAddress
patCityAddress, patProvince patPostalCode
Parent/Guardian:
Health Card # patHN
Version Code patVersionCode Expiry ...yDate.short
Sex: ☐ M ☐ F
Date of Birth: patBirthdate.short
Telephone # patHomePhone.default

Medical Information & Reason for Referral:

- Please provide a brief history, reason for consultation, positive physical findings, relevant investigations, and current medications.
- Please attach any relevant reports (if available).

pat.Patient_Profile.Rx/MEDS/Treatments.current_meds

Other Information:

Is the patient/family aware that you have requested this consultation? ☐ Yes / ☐ No

Please note:

The patient will be notified directly with their appointment time.