



PAEDIATRIC ACUTE REFERRAL SERVICE

BGH Site * Clinic located on A4 (Inpatient paed unit)
 200 Terrace Hill St
 Brantford, ON N3R 1G9
 Tel: 519-751-5544 ext 2255
 Fax: 519-751-5539

Health Card # _____
 Other _____

Name _____
Last First Initial

Address _____

Date of Birth _____
Day Month Year

Telephone Home: _____

Work _____

Type of appointment: Community referral ER Referral Discharge follow-up

Level of Urgency: within 24hrs within 48hrs *If appointment required for greater than 48hrs please refer to community paediatrician

Please check off if patient has any of the following: Respiratory Gastro Rash

**We need this information to provide a proper consultation for your patient.
 If using a fax to send the request, use the appropriate fax number above.**

HISTORY AND
 CLINICAL
 INFORMATION
 MUST BE
 COMPLETED

Referring Physician	*Important Please Print	Name: _____	Signature _____
		Phone Number: _____	
		Location: <input type="checkbox"/> Community MD/NP <input type="checkbox"/> ERP <input type="checkbox"/> Paediatrician	

HEALTHCARD MUST BE PROVIDED AT TIME OF APPOINTMENT

****PLEASE FILL OUT APPOINTMENT TIME BELOW, TEAR OFF AND GIVE TO FAMILY****



PAEDIATRIC ACUTE REFERRAL SERVICE

Brantford General Hospital
 4th Floor Room 440
 200 Terrace Hill Street
 Brantford, ON N3R1G9
 519-751-5544 ext. 2255



***Please bring your child to the D-Wing Main Level Patient Registration prior to going to the Paediatric Urgent Care Clinic**

****YOU WILL BE CALLED THE NEXT DAY BY THE HOSPITAL WITH YOUR APPTMENT TIME****

Your Child's Appointment Time is: _____.

DIRECTIONS TO THE PAEDIATRIC URGENT CARE CLINIC:

- Turn right down the hall from Registration (walk past Tim Hortons)
- Continue straight down the hall; turn right at the end of the hall (you will pass two different sets of elevators)
- Once you have reached the A-Wing elevators, go up four floors to Level 4 to reach the Paeds Referral Service.