

# PAEDIATRIC ACUTE REFERRAL SERVICE

200 Terrace Hill St  
Brantford, ON N3R 1G9  
Tel: 519-751-5544 ext. 2380  
Fax: 519-751-5561  
Clinic located on A4 (Paediatrics)  
*\*Access using the blue elevators\**



## PATIENT DEMOGRAPHICS

Name: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Health Card #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_

## Appointment date & time:

\_\_\_\_\_

The PARS clinic consults **ACUTE** issues that require follow up within 24-48 hours.

Any non-urgent issues should be directed to family physicians or community paediatrics.

**\*All COMMUNITY referrals must be discussed with on-call paediatrician\***  
accessible by paging through switchboard at 519-751-5544.

Name of paediatrician consulted: \_\_\_\_\_

## **HISTORY AND CLINICAL INFORMATION MUST BE COMPLETED**

***Referral will be returned if there is inadequate information to triage the patient.***

Type of appointment: ☐ Community Referral ☐ ER Referral ☐ Discharge follow up

Referring Physician: \_\_\_\_\_ **\*Please print clearly\***

Signature: \_\_\_\_\_ OHIP #: \_\_\_\_\_

Patient will be called within 24 hours from receipt of referral for booking.  
If your patient has not received a phone call with an appointment within 24 hours,  
please have them call the unit **519-751-5544 ext. 2380**



