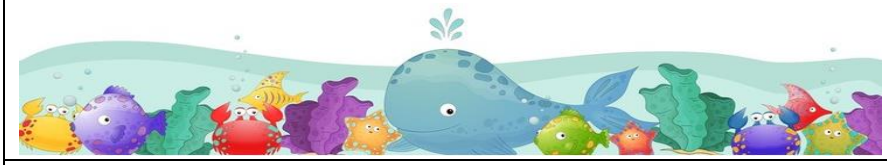
PAEDIATRIC ACUTE REFERRAL SERVICE

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 paediatrican 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***

Brant Community Healthcare System