

Physician Referral Form

2686 Danforth Avenue,
Toronto, Ont, M4C1L7
T: (416) 849-2260
F: (416) 849-2261
info@thrivkidsclinic.ca
www.thrivkidsclinic.ca

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

Childs Last Name: _____
Childs First Name: _____
DOB (MM/DD/YYYY) _____
OHIP # _____
Ph# _____
Email Parent 1: _____
Email Parent 2: _____

Gender: _____
VC: _____

PLEASE SELECT THE SERVICE YOU ARE REQUESTING FOR YOUR PATIENT

- | | |
|--|--|
| <input type="checkbox"/> General Paediatrics Consults | <input type="checkbox"/> Pediatric Allied Health Services |
| <input type="checkbox"/> Medical Concern | <input type="checkbox"/> Virtual Dietitian |
| <input type="checkbox"/> Behavioural concern | <input type="checkbox"/> Virtual Social worker / Psychotherapy |
| <input type="checkbox"/> Developmental/Learning/school difficulty | <input type="checkbox"/> Lactation Consultant / Breast feeding |
| <input type="checkbox"/> Language delay | |
| <input type="checkbox"/> Motor Skills Concern | |
| Specialty Clinic: | |
| <input type="checkbox"/> ADHD Evaluation | |
| <input type="checkbox"/> Adolescent Medicine (Teenage Health) | |
| <input type="checkbox"/> Gender Affirming Care | |
| <input type="checkbox"/> Newborn Circumcisions (under 1 months only) | |
| <input type="checkbox"/> Breastfeeding Concern, seen with lactation consultant (1st visit covered by OHIP) | |
| <input type="radio"/> Urgent | <input type="radio"/> Not Urgent |

Our practice does not accept Autism-related services and psychoeducational testing.
Referrals mentioning these concerns will be declined and returned to the referring office to ensure the patient is waitlisted at an appropriate facility.

Please provide additional information regarding the reason for referral (specify current symptoms, presenting problems, relevant history and medications).
If the patient is over 12 months old for ongoing care, please include all relevant medical records.

Referring MD: _____ MD Billing # _____ *rejected without
MD Address: _____
Ph#: _____ FAX # _____

MD Signature: _____
Todays Date: _____





Fax referrals to (416) 849-2261, response in 2-3 business days .
Located at Main Street and Danforth Ave. across from the Canadian Tire.
Space is limited be mindful of bringing strollers in the clinic.

GETTING TO THRIVE KIDS CLINIC & ESSENTIAL GUIDELINES

HOW TO FIND US



★ Star=Clinic, T=Subway, Train=GO Station, Triangle=Parking

-  **Address:** 2686 Danforth Ave (East of Main St).
-  **Subway:** Main Street Station (approx. 5 min walk).
-  **GO Train:** Danforth GO (approx. 10 min walk).
-  **Parking:** Paid parking available at Canadian Tire (across Danforth) or street meter.

OUR RULES FOR A SAFE VISIT



NO STROLLERS INSIDE

Please leave strollers outside. Use carriers or car seats.



2 ADULTS MAX

Two caregivers per patient.
No extended family or siblings.



ARRIVE ON TIME

Please arrive 5-10 minutes before your appointment.



SICK POLICY

Notify us in advance if your child or anyone attending is sick.

Street Parking is available on both side of Danforth. Free after 5pm and before 8am.

Canadian Tire has free parking at the very back

We are easy walk from **TTC Main Street Subway** Station and **Danforth GO**