

Cystic Fibrosis Clinic – Referral Form

This form is to be utilized by NEO Kids Pediatricians/Nurse Practitioners only. Not for external use. External referral sources are to refer to a Pediatrician using the Kids Care Centre Referral Form.

PATIENT INFORMATION:			
Date of Referral:		SH number (if available):	
Name:		Gender:	
Home Address:			
Postal Code:		Date of Birth:	____ / ____ / ____ DD MM YYYY
Health Card number(including version code):		Parent/Guardian:	Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French
Home Phone number:		Cell Phone number:	
Parent/Guardian aware and consent to referral being made?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location Preference:	<input type="checkbox"/> Sudbury
REFERRING SOURCE:			
Referring Source:		Telephone number:	
Fax number:		OHIP Billing number:	
Primary Health Care Provider:		Pediatrician:	
Physiotherapist:		Occupational Therapist:	
REASON FOR REFERRAL:			
Newborn Screening Results (NBST) positive result:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Sweat Chloride results:	<input type="checkbox"/> Yes ____ mmol <input type="checkbox"/> Not yet completed
MEDICAL HISTORY:			
Please provide below, or attach, a brief history, reason for consultation, positive physical findings, relevant investigations, and current medications. The absence of necessary accompanying documentation will result in delayed consultation.			
CURRENT STATUS (TO BE COMPLETED BY TRIAGE COORDINATOR)			
<input type="checkbox"/> Newborn Screening Results attached <input type="checkbox"/> Patient being sent for sweat chloride: Appt date: _____ <input type="checkbox"/> Latest sweat chloride results attached; date of test _____; results _____ mmol			

All required information regarding the **Cystic Fibrosis Clinic** can be accessed at www.hsnsudbury.ca/NEOKids. The patient will be contacted by **the Pediatric ACU** to have their intake appointment booked. Fax form and required attachments to **(705) 523-7288** or email to **neokidsacu@hsnsudbury.ca**.