



302 Wellington Road
 London ON N6C 4N9
 Phone | 226-721-5437
 Fax | 519-937-1697
 administration@LondonPediatrics.com
 LondonPediatrics.com

Primary Care Provider Referral Form

(Fax completed referral form to (519) 937-1697)

Referral Source:

Referring Provider Name:	OHIP Billing #:	Contact Tel#:
Address:		
Signature:		
Are you this patient's primary care provider? _ Yes _ No If not, please provide name and contact information?		
Primary Care Provide Name: _____ Phone #: _____ Fax _____		
Address: _____		

Client's Information

Legal Name: _____ <small>(First, Initial, Last Name)</small>	Preferred Name: _____ <small>(Nicknames or other)</small>	DOB: _____ <small>(Y/M/D)</small>
Gender: _Non-Binary/Gender Fluid _Female _Male _ TransMale _TransFemale		Preferred Pronoun: _They _He _She _Other
Current address:		
City:	Province:	Postal Code:
Primary Contact Name:	Phone:	Cellular:
Insurance:		
OHIP Health Card #: _____ VC: _____ Non-Insured Health Benefits (NIHB) #: _____		
Interim Federal Health Nimber: _____ University Health Insurance Plan: _____		
MORCARE: _____ Private Healthcare Benefits Provider: _____		
None:		

Information for Parent/Guardian

Legal Guardian		Relationship: _Mother _Father _Guardian
Current address:		
Contact Number:	Primary Language:	Interpreter Required: _Yes _No

Information for Parent/Guardian -

Legal Guardian		Relationship: _Mother _Father _Guardian
Current address:		
Contact Number:	Primary Language:	Interpreter Required: _Yes _No

WITH WHOM DOES THE CHILD RESIDE?



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Reason for Referral:

Assessment/Diagnostic: Mental Health Assessment Developmental Assessment Autism Assessment Fetal Alcohol

Therapy: Psychotherapy Occupational Therapy Speech and Language Therapy Psychoeducational Assessment

QUESTION TO BE ADDRESSED BY THE REFERRAL (Describe the identified difficulties and current stressors if germane to question)

What are the CONCERNS? (Please check all that apply):

Behaviour	Physical Aggression	Verbal Aggression	Sexual Aggression	
	Property Damage	Inattentive	Hyperactive	
	Impulsive	Defiant	Social Skills	
Development	Verbal – Limited Expressive Language	Verbal – Limited Expressive and Receptive Language	Non-Verbal _Uses sign language or other forms of communication	
	Play Skills	_Normal	_Delayed/Absent	
	Social Skills	_Normal	_Delayed/Absent	
	Fine motor skills	_Normal	_Delayed/Absent	
	Gross motor skills	_Normal	_Delayed/Absent	
	Continent - Urine	_Yes	_No	
	Continent - Stool	_Yes	_No	
	Is able to dress self?	_Yes	_No	
	Is able to feed self?	_Yes	_No	
	Emotional	Depressed Mood	Suicidal Thoughts	Quick Emotional Fluctuations
		Increased Agitation	Sleep Changes	Excessive Changes in Energy
Appetite Changes/Eating Disorder		Victim of Abuse	Anxious	
Academic		Reading Difficulties	Spelling Difficulties	Math Difficulties
	Writing Difficulties	Speech Difficulties	Reading difficulties	
	Overall Poor Educational Progress	Suspension/Expulsions	Use of 1:1 EA support in school	



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Referred:

Understands there is a problem and wants help
Understands there is a problem and not overly interested in help
Understands there is a problem and doesn't want help
Doesn't understand that there is a problem

Previous Assessments, Diagnoses, Treatments

Previous Assessor	
Diagnosis	
Therapy/Medication	
Previous Assessor	
Diagnosis	
Therapy/Medication	
Previous Assessor	
Diagnosis	
Therapy/Medication	

Was an assessment recommended by another professional? _Yes _No
 PLEASE INCLUDE ALL PREVIOUS ASSESSMENTS AND REPORTS

Current Medication List with Dose and Frequency

Is compliance a concern? _ Yes _No

Current and Past Agency Involvement

Thames Valley Children's Center (TVCC) _Past _Current	Children's Aid Society (CAS)
All Kids Belong _Past _Current	Childinü Oxford
Child Parent Resource Institute (CPRI)	TykeTalk
Other (including daycare):	

Current and Past School

Current:	
Past:	

Was an assessment recommended by an agency or a school? _Yes _No IF YES, PLEASE INCLUDE LETTER:

Thank you for your referral to London Pediatrics. Please note failure to include the requisite charts/reports may result in delays in booking. We are *not a crisis or emergency service*. Should your patient need urgent support, please direct them to the nearest emergency department or call 911. INCOMPLETE REFERRALS WILL BE RETURNED FOR COMPLETION