



# QHC Regional Paediatric Services Consulting Group

265 Dundas Street East  
WCA 3  
Belleville, Ontario K8N 5A9  
Phone: (613) 969-7400 Ext. 2272  
Fax: (613) 961-2527



## Consultation Request

Date: \_\_\_\_\_

**Please FAX request to (613) 961-2527**

Request Patient to be seen by:

- First Available Consultant
- Specific Paediatrician: \_\_\_\_\_

This request is:

- Medical - Patient to be seen in 24-48 hours  
(Seen by Paediatrician **Monday to Friday 10 am – 12 pm**)
- Medical – Urgent
- Medical – Routine
- Behavioural – Urgent
- Behavioural – Routine

Patient Demographics:

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

HCN \_\_\_\_\_

Phone \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Practitioner: \_\_\_\_\_ Billing # \_\_\_\_\_