

QHC Regional Paediatric Services Consulting Group

274 Dundas Street East
Suite 303 & 305
Belleville, Ontario K8N 1E6
Phone: (613) 779-7575
Fax: (613) 779-8686



ATTENTION NEW REFERRAL FORM AND AGE CUTOFF.

Dear referring provider,

Due to the increasing number of referrals and growing wait times, we have made the difficult decision to decrease the ages of some of the developmental/behavioural referrals we will be accepting. With over 500 referrals in this category, we hope these changes will allow us to continue accepting new referrals. We are making every effort to continue to provide timely paediatric consulting services and we expect these changes to be temporary. The new referral form with the new age ranges has been attached.

Please note these changes will come in effect on *February 1st, 2023* and referrals sent prior to that will be honoured.

Suggested resources for those no longer accepted are listed on our website for reference. (www.qhcpaediatrics.com)

We appreciate your understanding and support.

Kind Regards,

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Consultation Request

Date: _____

Please fax request to (613)779-8686 or submit via Ocean

This request is:

- Medical – Priority (page BGH paediatrician on call if requires urgent <48hr assessment)
- Medical – Routine
- Developmental/Behavioural concerns, check all that apply:
 - Autism (< 12 yo)
 - Anxiety (<12 yo)
 - ADHD (diagnostic evaluation 5-12 yo; medication review up to 16 yo)
 - Developmental Delay
 - Other: _____
- Gender Affirming Hormonal Therapy Consult (Dr. Navabi)

Patient Demographics:

Name
DOB
HCN
Phone
Address

Reason for Referral: see attached

*please attach growth charts

Referring Practitioner: _____ Billing # : _____