QHC Regional Paediatric Services Consulting Group

274 Dundas Street East
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Belleville, Ontario K8N 1E6
Phone: (613) 779-7575
Fax: (613) 779-8686
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Consultation Request

Date: _____

Please FAX request to (613) 779-8686

Request Patient to be seen by:

- First Available Consultant
- Specific Paediatrician: _____

This request is:

- Medical - Patient to be seen in 24-48 hours
- Medical – Urgent
- Medical – Routine
- Behavioural – Urgent
- Behavioural – Routine

Patient Demographics:

Name _____
D.O.B. _____
HCN _____
Phone _____

Reason for Referral: _____
_____
_____
_____

Referring Practitioner: _____ Billing # _____