

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



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 # : _____