



# 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  
www.qhcpaediatrics.com



## 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 – Routine

Patient Demographics:

Name \_\_\_\_\_

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

HCN \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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