Planet Kids Pediatrics

Patient Referral Form | Dr Ukpeh, Consulting Pediatrician

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REFERRING PHYSICIAN

Physician name

Clinic or practice name

Email

Telephone

Fax

CPSO number

PATIENT

Patient name

Date of birth (dd/mm/yyyy)

Parent or guardian

Family contact number

Health card number

Urgency (routine / semi-urgent / urgent)

CLINICAL DETAILS

Reason for referral

Relevant history, growth data and medications

Investigations completed and results

Additional notes

CONSENT AND SIGNATURE

I confirm I have the patient or guardian's consent to share this health information with Planet Kids Pediatrics for the purpose of this referral.

Signature _____ Date _____

Return this form by email to planetkidspediatrics@gmail.com or fax it to the office.

Urgent referrals are triaged the same working day; please call the office for time-critical cases.