

BARCODE



MATERNAL, NEWBORN AND PAEDIATRIC PROGRAM Paediatric Feeding and Nutrition Clinic Referral Form

Patient LABEL / Identification Area

FORM PS330

REV 09/2023

Phone: 416-756-6410

Fax: 416-756-6547

Email: PFANclinic@nygh.on.ca

Please complete all sections of this form as incomplete forms will result in processing delays.

Family is aware of this referral: Yes (must be checked) Referral Date: dd/mm/yyyy

CLIENT INFORMATION

Form fields for Client Information: LAST NAME, FIRST NAME, MIDDLE NAME, DATE OF BIRTH, Gender (Male/Female), Is an interpreter required?, Language Spoken.

PARENT(S) OR GUARDIAN

Form fields for Parent/Guardian: Parent/Guardian name, Phone, Cell/Alternate, Address, Province, Postal Code, Email.

REASON FOR REFERRAL (check all that applies)

Form fields for Reason for Referral: Any Neonatal Intensive Care Unit graduate who has: History of oral feeding difficulties, Impaired oral intake that is not age appropriate, Oral aversion, Gastroesophageal reflux disease; Any Paediatric Complex Care Clinic patient who requires additional feeding and nutrition support that is not being met by community Services; Any patient under 12 months previously seen in our Emergency Department, Paediatric Short Stay Unit and Paediatric Ambulatory Clinic And/or admitted to the Paediatric Unit with identified feeding concerns that require further assessment and intervention; Other (please contact team via email at PFANclinic@nygh.on.ca prior to making a referral).

SUPPORTING MEDICAL INFORMATION

Form fields for Supporting Medical Information: Diagnosis, Feeding and Medical History, Medications.

\*\*\*For patients being referred from a community office, please attach a GROWTH CHART and any supporting documents (i.e. Feeding study results, lab work or imaging) with the completed referral form

REFERRING PROFESSIONAL

Form fields for Referring Professional: Name, Professional Designation, Billing Number, Institution/Agency, Address, Province, Postal Code, Phone, Fax, Email.

Form fields for Date, Time (24 h), Signature, Print Name.