BARCODE

NORTH YORK GENERAL
Making a World of Difference

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

FORM PS330 **REV 09/2023**

Patient LABEL / Identification Area

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		
LAST NAME:	FIRST NAME:	MIDDLE NAME:
DATE OF BIRTH: dd/mm/yyyy	❑ Male ❑ Female	
Is an interpreter required? ❑ Yes ❑ No	Language Spoken:	

PARENT(S) OR GUARDIAN		
Parent/Guardian name:	Phone:	Cell/Alternate:
Parent/Guardian name:	Phone:	Cell/Alternate:
Address:		
Province: Postal Code:	Email:	

REASON FOR REFERRAL (check all that applies)

❑ 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
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		
Name:	Professional Designation:	Billing Number:
Institution/Agency:		
Address:	Province:	Postal Code:
Phone:	Fax:	Email:

DATE	**TIME (24 h)**	**SIGNATURE**	**PRINT NAME**

Approved By: (NICU Patient Care and Quality Committee) Approval Date: 08/2023 (archive: 06/2015)