PEDIATRICS REFERRAL

Dr. Ahmad Abdul Aziz | Dr. Zohra Ahsan | Aafiyat Specialist Network

Mississauga: 80-3465 Platinum Drive | Brampton: Unit B7-B8, 10910 Dixie Rd | Kitchener: 150 Duke St W

Tel/Text/WhatsApp (289) 813-0786 | Mon-Fri 9 am-9 pm, Sat-Sun 10 am-6 pm | www.aafiyat.ca

FAX COMPLETED REFERRALS TO: (844) 614-2845 Questions: (289) 813-0786

1. PATIENT INFORMATION

Patient name (Last, First): _____ DOB (YYYY-MM-DD): _____

Health card #: _____ Version: _____ Sex: ☐ M ☐ F ☐ X / other

Phone: _____ Alt. phone / email: _____

Address: _____

Parent/guardian (if pediatric): _____ Language: ☐ English ☐ Other: _____

2. REASON FOR REFERRAL (CHECK ALL THAT APPLY)

☐ General pediatric consult
☐ Newborn / neonatal assessment
☐ Developmental & behavioural assessment
☐ ADHD / pediatric mental health
☐ Asthma / eczema / allergy
☐ Growth / feeding concerns
☐ Recurrent infections
☐ Other

Physician preference: ☐ Dr. Abdul Aziz ☐ Dr. Ahsan ☐ First available

Other: _____

Preferred location: ☐ First available ☐ Mississauga ☐ Brampton ☐ Kitchener

3. CLINICAL DETAILS

Clinical concern / diagnosis: _____

_____

Specific question for consultant: _____

Current medications / allergies: _____

Attached: ☐ Growth charts ☐ Recent labs ☐ Imaging ☐ School / daycare reports ☐ Medication list

Urgency: ☐ Urgent (within 1 week) ☐ Semi-urgent (2-4 weeks) ☐ Routine ☐ Second opinion

For emergencies, please direct the patient to the nearest emergency department. Urgent referrals: please also call (289) 813-0786.

4. REFERRING PROVIDER

Name: _____ CPSO / CNO #: _____

OHIP billing #: _____ Clinic name: _____

Phone: _____ Fax (for consult note): _____

Signature: _____ Date (YYYY-MM-DD): _____

Once received, Aafiyat contacts the patient directly to book, and faxes the consult note back to you.

All referral forms: www.aafiyat.ca/refer | Aafiyat Medical Centre | www.aafiyat.ca

CONFIDENTIAL: Contains personal health information (PHIPA). If received in error, notify Aafiyat Medical Centre at (289) 813-0786 and destroy all copies.