

Paediatric Acute Referral Clinic (PARC) Referral Form
Children's Health
FAX to 905-323-7555

<p>To request an appointment contact Paediatrician On-Call ALL completed referral forms and ED Face Sheet must be faxed to 905-323-7555. Please give patients the attached Clinic Information Sheet.</p>		
Parent/Guardian Contact Information	Identified Priority by Paediatrician On-Call	
Parent/Guardian Name: _____ Relationship to Patient: _____ Preferred Contact #: _____	<input type="checkbox"/> Priority 1: <24 hours <input type="checkbox"/> Priority 2: <48 hours <input type="checkbox"/> Priority 3: <72 hours (for all patients on Friday)	
Referral Information		
Reason for Referral: Clinical History and Findings:	Eligibility Criteria: <ul style="list-style-type: none"> • Children age 0 –17 years • Follow Up / Consultation required within 24–72 hours as determined by Paediatrician On-Call Exclusion Criteria: <ul style="list-style-type: none"> • Acutely unwell children • Primary mental health, behaviour and/or developmental concerns • Children requiring routine outpatient services for chronic conditions • Surgical consults • Primary care 	
Referral Source: <input type="checkbox"/> SCS <input type="checkbox"/> NFS <input type="checkbox"/> WHS <input type="checkbox"/> PCS <input type="checkbox"/> FES	Relevant Clinical Information (attach where possible): <input type="checkbox"/> Patient History and Consult Notes <input type="checkbox"/> Lab (Pending: <input type="checkbox"/> No <input type="checkbox"/> Yes) <input type="checkbox"/> Any results not available in Meditech <input type="checkbox"/> Other: _____	
Referring Physician Information		
Referring Physician Name: (Please print)		
Referring Physician Signature:	Billing Number:	Date: (dd/mm/yyyy)
OFFICE USE ONLY		
Appointment Date (dd/mm/yyyy): _____ Time: _____ Initials: _____		

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REF23

Paediatric Acute Referral Clinic (PARC) Children's Health

Patient Information Sheet

Your child has been referred to the Paediatric Acute Referral Clinic (PARC) for an appointment within the next 1 – 3 days. Please read the following before you leave and direct any questions to your doctor or nurse:

Your Child's Appointment is on:

Date: _____ (dd/mmm/yyyy) Time: _____ (hh:mm)

Where And How To Get There:

This clinic is located within 4B – Children's Health Unit at the St. Catharines Site (1200 Fourth Avenue). Please arrive at least 30 minutes before your scheduled appointment to allow for registration. When you arrive, please register at the main registration area located to the right when you first enter the hospital. Once registered, take the main elevators to the 4th floor and turn left into 4B Children's Health unit. Proceed to the second desk area where staff will direct you to the clinic area.

What To Bring:

Please bring your child's health card, all medications and yellow immunization record. You should also bring diapers (if used) and snacks for your child, and some entertainment/toys for your child while you wait.

What If My Child Is Getting Worse:

If your child is getting worse, please return to your local Emergency Department / Urgent Care Centre for reassessment and care.

Your Family Doctor:

Your family doctor is the best way to access medical care and acts as the central person in your overall healthcare. If you do not have a family doctor, we strongly advise you to get one. You can find help at www.niagaradoocs.ca or by calling **Healthcare Connect Ontario at 1-800-445-1822**. The City of St. Catharines provides similar information on their website www.stcatharines.ca or by calling 905-359-6043.

**In case you cannot attend the appointment, please call the clinic at
905-378-4647, extension 43518 as soon as possible.**