

Pediatric Rapid Assessment Clinic (PRAC) Referral

Please complete parts 1 through 4

1

Patient must fulfill all criteria:

- | | |
|--|--|
| <input type="checkbox"/> Child with an acute (not chronic) illness | <input type="checkbox"/> Not needing same day referral |
| <input type="checkbox"/> Stable for discharge from ED | <input type="checkbox"/> Not for surgical, Mental Health or ongoing care |
| <input type="checkbox"/> Needs urgent follow-up with paediatrics | |

2

Please Indicate Priority:

- Priority 1 (24hr) Priority 2 (48hr) Priority 3 (72hr-for all patients on Friday)

3

Diagnosis / Reason for Referral:

- | | |
|---|--|
| <input type="checkbox"/> Asthma, bronchiolitis, pneumonia | <input type="checkbox"/> UTI |
| <input type="checkbox"/> Cellulitis | <input type="checkbox"/> R/O sepsis with cultures pending (> 3 months) |
| <input type="checkbox"/> Gastroenteritis | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Dehydration | |

Clinical History and Findings:

4

Special Instructions to Contact Patient (e.g. alternate phone number)

Referring Physician: _____ Date: _____ Billing #: _____

BOOKING INSTRUCTIONS:

Get the Appointment: Please call Registration (24/7 at Welland ER) extension 33241 to obtain an appointment date and time. Provide Child's name, OHIP Card number and Priority of referral (1,2 or 3 days). Please complete the instruction form with the exact appointment details.

Inform the Parents: Please discuss and give the information sheet to the child's parents.

FAX the document: Please fax completed consultation form and face sheet to 905-688-8288. Also include any results that are not in Meditech.



Patient Information Sheet

Your child has been referred to the PRAC for an appointment within the next 2-3 days. Please read the following before you leave and direct any questions to your doctor or nurse:

Your Childs Appointment is on:

Date: _____ Time: _____

Please arrive at least ½ and hour early for registration. This appointment has been set-aside for your child, to cancel or reschedule please call 905-378-4647 ext. 44758 or 44154

Where and How to get there:

Your child will be seen by a pediatrician in the clinic, which is located on the Fourth Floor of the Walker Family Centre of the St. Catharines site at 1200 Fourth Avenue. When you arrive for your appointment, take the outpatient elevators situated to the left of the hospital’s main entrance. Go to the fourth floor, where you/your child will be registered and seen in the clinic.

What To Bring:

In all cases, please bring your health card and all of your child’s medications. You should also bring diapers (if used and snacks for your child and some entertainment/toys for your child while he/she waits.

What If My Child Is Getting Worse:

If before your appointment you think your child is getting worse, please return to your local Emergency Department/Urgent Care center 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.niagaradocs.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