LIFEBRIDGE
HEALTH CENTRE

#36 – 118 Cope Crescent, Saskatoon, SK S7T 0X3
P: 306-955-LIFE (5433)
F: 306-955-5690
www.lifebridgehealllth.ca

Referral Form
Dr. S. Fakhir - Pediatrician

Date of Request:_____ ☐ Boy ☐ Girl

Child's Name (Last, Front): _____

Date of Birth (YY/MM/DD): _____ Health Number: _____

Address: _____City: _____ Postal Code: _____

Name of mother (or foster/adoptive/step mother): _____

Home Phone: _____ Cell Phone: _____

Name of father (or foster/adoptive/step father): _____

Home Phone: _____ Cell Phone: _____

Name of Legal Guardian if it is not the parents: _____

Phone: _____

Urgency of Referral

☐ Same Day ☐ Urgent (less than a week) ☐ Semi Urgent (1-3 weeks) ☐ Routine (3 weeks)

Reason for Referral: (Please describe the concerns and include any relevant documentation)

_____

_____

_____

Other professionals or services currently involved:

_____

_____

Other relevant diagnoses, conditions, allergies, clinical warnings:

_____

_____

Current Medications: _____

Family Physician: _____ Phone: _____

Referral Source Name: _____ Address: _____

Phone: _____ Email: _____ Fax: _____

Signature: _____

Thank you for this Consultation