



My Kidz Pediatric Clinic
SE CLINIC ADDRESS: #302 – 11420 27th St. SE, Calgary, AB T2Z 3R6
NE CLINIC ADDRESS: #105 – 3223 5th Ave NE Calgary, AB T2A 6E9
Phone: 587-332-0600
Fax: 587-332-0601

Consultation Request

Date: ____ / ____ / ____

FAX TO: 587-332-0601

Name: _____ Address: _____ _____	DOB: ____ / ____ / ____ Age: ____ M: <input type="checkbox"/> F: <input type="checkbox"/> dd mmm yy AHN: _____ Phone: _____
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Consultation Services:

- General Pediatrics
- Neurology (Pediatric / Young Adult) - newborn to 25 years old
- Pediatric Sleep Medicine

Reason for Referral:

Pertinent Labs or Physical Findings:

Past Medical History:

Current Medications:

Referring Physician: _____ Prac. ID : _____

Phone Number : _____ Fax No. : _____

Please check this box if you are in need of additional referral pads