



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

# Consultation Request

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**FAX TO: 587-332-0601**

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

## Consultation Services:

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

## Reason for Referral:

## Pertinent Labs or Physical Findings:

## Past Medical History:

## Current Medications:

Referring Provider: \_\_\_\_\_ Prac. ID : \_\_\_\_\_

Phone Number : \_\_\_\_\_ Fax No. : \_\_\_\_\_

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