



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

Self-Referral Request

Date: ____ / ____ / ____

FAX TO: 587-332-0601

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

Reason for Referral:

General Pediatrics

Neurology (Pediatric / Young Adult) -newborn to 25 years old

Note: *An initial consult with a General Pediatrician or Family Physician is required*

Pediatric Sleep Medicine

Past Medical History:

Current Medications:

Patient/Parent/Guardian Signature: _____

Phone Number: _____ Fax Number : _____

Family Physician: _____