



London Health  
Sciences Centre



## Children's Environmental Health Clinic

Children's Hospital  
Fax: 519-685-8766  
[chehc@lhsc.on.ca](mailto:chehc@lhsc.on.ca)

### Referral Form

**Patient Name:**

**DOB:**

**Is this patient an Ontario resident? Y/N**

**If yes, please include the health card number:**

**Parent/Legal Guardian Name (if relevant):**

**Phone Number:**

**Email:**

**Address:**

**Please indicate preferred method of contact:**

Phone call / Email / Mailed Information

**Would the patient prefer the initial visit be conducted:**

In-Person / Video conferencing / Telephone / Unsure

**Please provide a provide a description of the reason for consultation and relevant history.**

**Please fax the completed referral form to 519-685-8766.**