

Referral to Paediatric Vaccination Clinic

Children's Hospital at London Health Sciences Centre (LHSC) offers a vaccination clinic for children and youth who need extra support not typically available in traditional health care or community vaccination settings. It is available to families with children aged six months to seventeen years who have a valid OHIP card and require a vaccine listed under [Ontario's Routine Immunization Schedule](#) (including influenza and COVID-19 vaccinations).

This form can be completed by a parent/guardian OR health-care provider. Once complete, please submit it via email to PMDUvaccineclinic@lhsc.on.ca or fax to 519-685-8431. The patient will be contacted to set up an appointment once this form has been reviewed by our team. For any questions, please call [519-685-8500](tel:519-685-8500) x56918.

1) Referrer Information

Please select one:

- I am a caregiver completing this form on behalf of a dependent
- I am a child or youth referring myself
- I am a health-care provider referring a patient

1) Patient Information

Last name:

First name:

Date of birth:

Health card number:

Home address:

Phone number:

Email address:

2) Primary Care Provider Information

First name:

Last name:

Clinic address:

Phone number:

Fax number:

3) Reason for Referral

Please select all that apply (Note: At least one must be selected in order to proceed):

- Child with needle phobia or anxiety Child with mental health conditions or behavior needs
- Child with medical complexity Child with sensory needs Child who is fearful of medical procedures
- Other (please explain):

Would the parent/caregiver and patient like a pre-appointment phone call from a Child Life Specialist?

During this call, the Child Life Specialist will get to know the child and help them come up with an individualized plan for success. (This is highly recommended for all.)

- Yes, please No, thank you

4) Requested Vaccines

Please check all that apply (if known):

- MMR MMRV Pneumococcal Hepatitis B Tdap-IPV Tdap-IPV-Hib
- Varicella Men-C Men-C-ACYW HPV COVID-19 Influenza
- Rotavirus Tdap RSV Other (please specify):

***Please attach a copy of the child's up-to-date immunization record, AND bring it to their appointment (with their health card).**