

**DR. RUBEENA KHAN**  
**ANCASTER CENTRAL PEDIATRIC CLINIC**  
1015 Golf Links Rd, Ancaster, L9K 1L6 (inside Ancaster Central Pharmacy)  
P: 289-239-6904 F: 905-575-0760 Back Fax: 1-905-264-1976

**REFERRAL FORM**

**Patient details**

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
HCN: \_\_\_\_\_  
Contact #: \_\_\_\_\_  
Address: \_\_\_\_\_

**Pediatric Service**

(Please circle around the service required)

Pediatric / Adolescent Behavioural and Mental health

Newborn care

Developmental Evaluation

Autism Assessment

Other Pediatric Assessment

**Reason for Referral:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring MD Name & Signature

Referring MD Billing

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Clinic address: \_\_\_\_\_