

Medpoint Children's Clinic



A Division of Medpoint Health Care

~ 1240 Commissioners Road West Unit 103 London ON N6K 1C7 ~

Fax Referrals to (519) 432-9529

Today's Date: _____

Patient's Name: _____

Male

Female

Health Card #: _____ Date of Birth: ____/____/____

Address: _____ Phone #: _____

City: _____ Postal code: _____

Dr. Jennifer Mackey

- Asthma
- Chronic Cough
- Rash
- Concussion
- Growth Concerns/Failure to Thrive
- Fever
- Abdominal Pain/Constipation
- Headaches
- Gastro-esophageal Reflux/Feeding Issues
- Other: _____

**Reason for Referral/Patient
History (Required)**

**PLEASE NOTE- Dr.Mackey will see patients for medical consultation, however she is
unable to see patients for behavioral or focus issues**

Referring Physician Name: _____

Referring Physician Signature: _____

Physician Billing #: _____ Phone #: _____

Address: _____ Fax #: _____