McMaster Children's Hospital – RJCHC Site
Cleft Lip and Palate Team
237 Barton Street East, Hamilton, ON L8L 2X2
Phone: (905) 521-2100 x 77210 Fax: (905) 521-7953
https://www.hamiltonhealthsciences.ca/mcmaster-childrens-hospital/areas-of-care/developmental-pediatrics-and-rehabilitation/cleft-lip-palate-program/

Referral Form – Cleft Lip and Palate Team

Date of Request YY MM DD	
Child's Name: LAST NAME FIRST NAME	
Date of Birth: YY MM DD	**Health Insurance Number** **Version Code**
Address:	
City:	**Postal Code:**
Name of mother: Phone:	Email:
Name of father: Phone:	Email:
Is an interpreter required? If 'yes', language spoken:	

Reason for Referral: (Please describe the concerns for this client. Include any relevant documentation.)

Referral Source name & address:	**Signature:**
Phone: **Email:**	**Fax:**
Family doctor:	**Address/Phone**