MICHAEL GARRON HOSPITAL
TORONTO EAST HEALTH NETWORK

Geriatric Medicine Clinic Referral Form

Tel: (416) 469-6031 Fax: (416) 469-6458

REF

Patient Label

Caregiver Information:		Relationship to Patient:
Caregiver Last Name:	Caregiver First Name:	Caregiver Phone Number:

Who should we contact about the appointment?
☐ Patient *(Note: Patients must bring their caregiver or family member to the appointment)*
☐ Caregiver
☐ Both

What number(s) can we use to contact you about your appointment?
1. ( )
2. ( )
3. ( )

Can we leave a message? ☐ Yes ☐ No

Does the patient speak English? ☐ Yes ☐ No

If No, what language? _____

Clinical Information:

IMPORTANT
PLEASE READ:

INCOMPLETE REFERRALS WILL BE RETURNED FOR COMPLETION

PLEASE SEND:

- **ALL PERTINENT DIAGNOSTIC & LAB RESULTS**
- **LIST OF CURRENT MEDICATIONS**
- **CONSULTNOTES / DISCHARGE SUMMARY**

Referral Criteria:
Patients with one or more of the following active geriatric syndromes

Geriatric Syndromes: Please specify

☐ 1. Cognitive impairment
☐ 2. Behavioral difficulties related to dementia
(Note: Patients < 65 years old can only be referred for cognitive impairment/dementia)
☐ 3. Falls or mobility issues
☐ 4. Polypharmacy
☐ 5. Caregiver strain
☐ 6. Functional decline
☐ 7. Frailty

Referral Source: Please specify

☐ MGH Physician or Nurse Practitioner
☐ MGH Inpatient Discharge Follow-up
☐ Woodgreen
☐ MGH Geriatric Emergency Management Nurse*
☐ Community Family Physician Referral

Has the patient been to the Emergency Department within the last 6 months? ☐ Yes ☐ No

Reason For Referral:

_____

_____

Is this patient a Woodgreen LWAH client ☐Yes ☐No

Referring Physician:	Physician Name:		Telephone Number: ( )
	Referring Clinic Name:		Fax Number: ( )
	Physician's Signature:	Billing#:	Date:

Appointment:	

Ocean by Digital Health | Ontario eServices Program

We now accept Ocean eReferrals for various clinics. The best way to find Specialist and refer your patients. For more information and to sign-up for your Ocean user account, contact Ontario eHealth at eReferral@ehealthce.ca