Sinai Health System
HEALTHY AGEING AND GERIATRICS

Geriatric Medicine Clinic
Mount Sinai Hospital
Joseph and Wolf Lebovic Health Complex
457-600 University Avenue
Toronto, Ontario, Canada M5G 1X5
t 416-586-4800 ext. 8563 **f** 416-586-3168

Geriatric Medicine Clinic Referral

Patient Demographics

Name: _____

OHIP #: _____ DOB : _____

Home #: _____ MRN: _____

Primary Address: _____

Spoken Language(s): _____

Is a translator required? ☐ YES ☐ NO

Will the patient be attending their appointment using a walker or wheelchair? ☐ YES ☐ NO

Does the patient receive CCAC Services? ☐ YES ☐ NO

Primary Caregiver/Contact Person

Name: _____ Relationship: _____

Home #: _____ Mobile #: _____

Referring Doctor

Name: _____

Type of Doctor: _____

Office #: _____ Fax: _____

OHIP Billing #: _____

Family Doctor (If not referring doctor)

Name: _____

Office #: _____ Fax: _____

Other Providers

Please list all specialists currently affiliated with the patient and provide contact details wherever possible.

_____

_____

_____

_____

Reason for Referral (Check all that apply)

☐ General Assessment
☐ Falls/Functional Decline
☐ Weight Loss/Nutrition
☐ Medication Review
☐ Cognitive Impairment
☐ Incontinence
☐ Other: _____

Medical History

☐ Check to indicate attachment

_____

_____

_____

_____

_____

_____

Current Medications and Supplements

Please attach and fax a copy of all current medications and/or supplements.

☐ Check to indicate attachment

Test Results

Please include the following test results:

☐ Lab Tests
☐ Cardiac Tests (ECHO, EKG)
☐ DEXA (Bone Density Scan)
☐ Vaccination Record
☐ Medical Imaging

Please fax this form and all attachments to Stephanie Silva, Clinic Administrator at 416-586-3168.

If there are any questions or concerns, please call Stephanie at 416-586-4800 ext. 8563.