NOTE: Incomplete and / or unsigned requisitions will be returned

MARKHAM STOUFFVILLE HOSPITAL CORPORATION

SENIORS' HEALTH CLINIC REFERRAL

Dr. Raza Naqvi, MD, FRCPC
Dr. Mauli Mehta, MD, FRCPC
Trini Das, MN, NP-Adult
Katie Turkington, MN, NP-Adult

Markham Site Booking Line: (905) 472-7601
Fax: (905) 472-7621

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION

Patient Name (Last, First): _____

Date of Birth (DD/MM/YYYY): _____ Sex: F M

Health Card #: _____ Version Code: _____

Address: _____ Postal Code: _____

Telephone # (Best Daytime): _____

Alternate #: _____

Email: _____

Date	Referring MD/NP	Signature	MD/NP Phone #	MD/NP Fax #

Family MD/NP (if different from Referring MD/NP)	Family MD/NP Phone #	Family MD/NP Fax #	CPSO/CNO#

Additional Reports to:

Translator/contact person for scheduling	Language spoken if other than English **Please bring translator to appointment if required**

Lives alone?	Is patient homebound?	Marital Status	Is client/substitute decision maker aware of referral?
☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No

Criteria for Referral - check all that apply

☐ Age 70 years or older -
unless suspected early onset dementia

AND at least one of:

- ☐ Cognitive changes
- ☐ Multiple falls
- ☐ Polypharmacy/de-prescribing
- ☐ Functional decline

☐ Physically able to attend outpatient clinic at hospital (fully accessible)

Exclusion criteria

- ✘ Acute change (i.e. suspected Delirium)
- ✘ Request for Medical Assistance in Dying
- ✘ Issues related to capacity assessments, designating POA, wills, estate planning or other non-medical reasons for referral
- ✘ Homebound (please refer to Geriatric Outreach Team. Tel.: (905) 201-3389 Fax: (905) 201-5580)

****** Please note consultation will be a single appointment, with very limited follow-up. reports sent back to you will provide clear recommendations for longitudinal care.***

Medical Information

Medical history: ☐ **Documentation/notes attached**

Medications: ☐ **Documentation attached**

Other:

NOTE: Patient/family will be contacted directly with appointment date/time