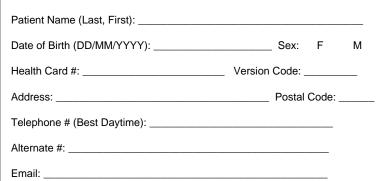
NOTE: Incomplete and / or unsigned requisitions will be returned PLEASE PRINT CLEARLY MARKHAM STOUFFVILLE HOSPITAL CORPORATION

OR AFFIX LABEL WITH COMPLETE INFORMATION

SENIORS' HEALTH CLINIC REFERRAL

Dr. Raza Nagvi. MD. FRCPC Dr. Trir Kat



Mauli Mehta, MD, FRCPC Mauli Mehta, MD, FRCPC ni Das, MN, NP-Adult ie Turkington, MN, NP-Adult				Health Card #:			Version Code:	
				Address: Postal			Postal Code:	
Markham Site Booking Line: (905) 472-7601 Fax: (905) 472-7621				Telephone # (Best Daytime):				
Date	Referring MD/NP	Signat	ture			MD/NP Phone #	MD/NP Fax #	
Family MD/NP (if different from Referring MD/NP) Family				ly MD/NP Pho	/ MD/NP Phone # Family MD/NP I		CPSO/CNO#	
Additional Repor	ts to:							
Translator/contac		Language spoken if other than English Please bring translator to appointment if required						
Lives alone?	_ives alone?			tatus		client/substitute decision maker aware of referral? Yes No		
AND at lead Cognit	pected early onset demo- st one of: tive changes	entia		X ReX IssdenoX Ho	eques sues i signa n-me omeb	change (i.e. suspected st for Medical Assistance related to capacity assistance POA, wills, estated ical reasons for referound (please refer to CTel.: (905) 201-3389	ce in Dying essments, planning or other ral Geriatric Outreach	
☐ Physically a hospital (fu	able to attend outpatien lly accessible)	t clinic a	t					
*** re	Please note consultat ports sent back to you	ion will ı will pr	be a s ovide	single appoi clear recom	ntme men	ent, with very limited in dations for longituding	follow-up. nal care.	
Medical Information Medical hist	rmation ory: Documentati	on/note	s atta	ched				
Medications	: Documentation	attach	ed					
modifications								
Other:								

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

