NOTE: Incomplete and / or unsigned requisitions will be returned

MARKHAM STOUFFVILLE HOSPITAL CORPORATION

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: _____

Seniors' Home-Based Primary Care Referral

Providing comprehensive primary care to homebound seniors in the Markham Stouffville community.

Please fax to: (905) 472-7535
Phone: (905) 472-7373 x6928

Date	Referring MD/NP	Signature
MD/NP Phone #	MD/NP Fax #	OHIP Billing #
Family MD/NP (if different from Referring MD/NP)	Family MD/NP Phone #	Family MD/NP Fax #
Additional Reports to:		
LHIN Coordinator (if applicable)	LHIN Coordinator Phone #	
Primary Contact Name (if different from patient)	Primary Contact Phone #	
Language spoken if other than English **Please bring translator to appointment if required**		

Patient Eligibility - all must apply

- ✓ Patient/Substitute Decision Maker is aware of referral
- ✓ Age 65 years or older
- ✓ Has a valid OHIP card
- ✓ Lives in the Markham-Stouffville catchment area
- ✓ Homebound (e.g. unable to attend medical appointments)
- ✓ In need of a primary care practitioner who provides home visits

Exclusion criteria

- ✘ Younger than 65 years old
- ✘ Lives in a retirement or nursing home
- ✘ Has a family physician/NP who is able to make house calls

Reason for Referral

Please describe the patient's current issues prompting this referral. (e.g. physical, cognitive, psychiatric, social)

Past Medical History: ☐ **Documentation/notes attached**

Medications: ☐ **Documentation attached**

Geriatric Concerns

Any ER visits/hospital admissions in the past 3 months?	☐ Yes	☐ No
Any falls in the last 3 months?	☐ Yes	☐ No
Seen their family doctor/NP in the last 3 months?	☐ Yes	☐ No

Safety Issues

Supporting document which are attached (if available):

☐ Recent discharge summary ☐ Cumulative patient profile ☐ Relevant consultation notes

Thank you for your referral! The patient will be contacted directly with appointment details.