NOTE: Incomplete and / or unsigned requisitions will be returned

MARKHAM STOUFFVILLE HOSPITAL CORPORATION

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION

SENIORS' HEALTH CLINIC REFERRAL

Dr. Raza Naqvi, MD, FRCPC
Nafeesa Fatima, RN (EC), MN, NP-Adult
Trini Das, RN (EC), MN, NP-Adult

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

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