

NOTE: Incomplete and / or unsigned requisitions will be returned

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION



**Markham
Stouffville
Hospital**
Oak Valley Health

Seniors' Health Clinic Referral

Dr. Raza Naqvi, MD, FRCPC
Dr. Mauli Mehta, MD, FRCPC
Trini Das, RN (EC), MN, NP-Adult
Nafeesa Fatima, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is patient homebound? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status	Is client/substitute decision maker aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Criteria for Referral - check all that apply <input type="checkbox"/> Age 70 years or older - unless suspected early onset dementia AND at least one of: <input type="checkbox"/> Cognitive changes <input type="checkbox"/> Multiple falls <input type="checkbox"/> Polypharmacy/de-prescribing <input type="checkbox"/> Physically able to attend outpatient clinic at hospital (fully accessible)		Exclusion criteria <input checked="" type="checkbox"/> Acute change (i.e. suspected Delirium) <input checked="" type="checkbox"/> Request for Medical Assistance in Dying <input checked="" type="checkbox"/> Issues related to capacity assessments, designating POA, wills, estate planning or other non-medical reasons for referral <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Documentation/notes attached				
Medications: <input type="checkbox"/> Documentation attached				
Other:				

The clinic will primarily provide consultative care. Recommendations will be provided to the referring clinician. We do not routinely provide follow up care in the Seniors' Health Clinic due to our high volume of new referrals.

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

