Mackenzie Health

Mackenzie Richmond Hill Hospital
10 Trench Street
Richmond Hill, Ontario
L4C 4Z3

Patient ID

SENIOR'S WELLNESS CLINIC REFERRAL

Telephone: (905) 883-1212 ext. 3889 Fax: (905) 883-2181

☐ Dr. Jeya Thayaparan *MD, FRCPC, ABIM*	☐ Dr. Dov Gandell *MDCM, FRCPC*	☐ Dr. Krupa Dighe *MD, FRCPC*

☐ **Next Available Appointment**

Last name:	***First Name:***
Date of birth: (yyyy/mm/dd)	☐ Male ☐ Female
Address:	
Home number: ( )	***Cell number: ( )***
Work number: ( )	
Health card number:	***Version code:***
Contact Person Name: *(if applicable)*	
Relationship to patient:	***Contact telephone number: ( )***

Referring Physician

Name: ______________________ Billing #: ______________________

Physician Signature: ______________________

Telephone Number: (   ) ______________________ Fax: (   ) ______________________

Reason for Referral:

	Confusion/Memory Loss/Dementia		Polypharmacy
	Complicated Medical Issues		Mobility Issues/Falls
	Other:		

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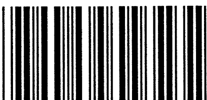
Please fax completed referral form along with recent blood work, list of medications, CT/Spect or MRI of the head to 905-883-2181 and our office will notify your office of appointment date.



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(Sept 2014)