

SENIOR'S WELLNESS CLINIC REFERRAL

Telephone: 905-883-1212 ext. 3889 **Fax: 905-883-2181**

Geriatrician: Dr. Jeya Thayaparan, MD, FRCPC, ABIM

Care of Elderly: Dr. Rizwana Lilani, MD, CCFP, ABFM

Next Available Appointment

Patient Name: (Last, First)		Marital Status:	
Date of Birth: (dd/mm/yyyy)		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:			
Home Number:		Work Number:	
Cell Number:		Can the hospital leave a voicemail at these numbers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Card Number:		Version Code:	
Emergency Contact Person: (Last, First)			
Relationship to Patient:			
<u>Referring Physician</u>			
Name: _____		Billing: _____	
Physician Signature: _____			
Telephone Number: _____		Fax: _____	
Reason for Referral:			
	Confusion/Memory Loss/Dementia		Polypharmacy
	Complicated Medical Issues		Mobility Issues/Falls
	Other:		
<p>Please fax completed referral form along with recent blood work, list of medications, CT/Spec or MRI of the head to 905-883-2181 and our office will notify your office at appointment date.</p>			



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