



St. JOSEPH'S CARE GROUP

**SPECIALIZED GERIATRIC SERVICES (SGS)
OUTPATIENT REFERRAL**

Place Patient Label with
Barcode Here

- Geriatric Medicine • Geriatric Psychiatry • Seniors Outpatient Services Assessment & Rehabilitation
- Manor House Adult Day Program • Geriatric Telemedicine
- Behavioural Supports (BSO) Mobile Outreach Team • Psychogeriatric Resource Consultant (PRC)
- Missing or incomplete information will delay processing
- Fax completed referral form with relevant attachments to SGS Central Intake at:
Fax: **807-345-5126**. Any questions please call SGS Central Intake at 807-346-5218

Client Information:		Health Card #:	D.O.B (d/m/y):
Name: Last	First		Marital Status:
Primary address:			Gender:
Spoken language:		Is a translator required?	Telephone:
		Yes	No
Primary Contact Person For Appointments:			
Name:		Relationship:	
Contact telephone #:		Client/SDM Consent to Referral: Yes No	
Consent to contact? Yes No			

Reason for Referral:

Medical History (including relevant consult notes and most recent medication list / MARS):
Check to indicate attachment:

Test Results Please send most recent labs/diagnostic's Check to indicate attachment:
Laboratory Results: CBC Electrolytes Urinalysis Creatinine TSH Glucose
 Calcium B12 Brain Imaging Recent EKG Other relevant diagnostics

Family Physician/NP (if different from referring)
Name: _____
in agreement with referral Yes No

Client location at time of referral: Community LTC
ER Inpatient Specify:

Referring Physician/Nurse Practitioner/MRP:

Signature: _____	Contact #:
Print Name:	Fax#:
Date:	OHIP Billing#

