



HealthPod Referral Form: Bristol Circle

**** Please fax this referral form to 416-521-4140 ****

Phone: 416-521-4095

Patient Information:	
Patient's Full Name (please print):	Patient's Heath Card Number & Version Code:
Patient's Date of Birth:	Patient Phone Number:
	Patient Email:
Patient's Home Address:	
Primary Language:	Interpreter Required (Yes/No):
Referral Information:	
Referral Date:	
Chief Complaint:	
Relevant Investigations:	
Current Medications & Dosages:	
Allergies (N/A if no known allergies): <input type="checkbox"/> No Known Allergies	

Referring Provider Information:	
Full Name:	Designation (MD or NP):
Phone Number:	Fax:
Billing Number:	Signatures:
REFERRAL:	
GIM Consult	Inclusion Criteria: <ul style="list-style-type: none">• Over 18 years of age• Able to visit to the HealthPod at 2381 Bristol Circle, unit 102, Oakville, ON L6H 5S9• Mobility: Able to walk several steps with minimal assistance• Cognitive Function: Cognitive Score of CPS 3 or lower or accompanied by a caregiver who can support the medical history and consultation• Chronic medical conditions with acute exacerbations• Polypharmacy• Requires further investigation for medical subspecialty

	<p>Exclusion Criteria:</p> <ul style="list-style-type: none"> • Less than 18 years of age • On isolation due to active transmissible infection • Requires wheelchair for mobility and unable to transfer to a chair with minimal assistance • Cognitive impairment without support of a caregiver • Palliative care required • Patients with a primary surgical diagnosis or those requiring surgical expertise (e.g., post-operative care or complications related to recent surgery) • Acute chest pain/unstable angina • Acute neurological condition (less than 14 days): i.e. seizure, epilepsy, CVA, acute focal deficits, sudden vision loss, severe headache • CNS infections • Joint infections • Gynecological conditions: i.e. menorrhagia, PCOS, or pregnancy related • Fracture • Lacerations • Head Injury • Mental Health as a primary diagnosis (i.e. psychosis) • Suicidal ideation or harm to others • Chronic pain
<p><i>Please attach any relevant information:</i></p> <ul style="list-style-type: none"> ▶ <i>Past and current medical history</i> ▶ <i>Current Medications</i> 	<p>▶ <i>Imaging</i></p> <p>▶ <i>Consults</i></p> <p>Additional Comments:</p>