

PCH HealthPod Referral Form: **Integrated Seniors Hub**

**** 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"> Seniors 65+ Able to visit to the Seniors Hub at Wellbrook Place Mobility: Able to walk several steps with minimal assistance Resident of Mississauga Cognitive Function: Cognitive Score of CPS 3 or lower or accompanied by a caregiver who can support the medical history and consultation 	Exclusion Criteria: <ul style="list-style-type: none"> 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
Please attach any relevant information: <ul style="list-style-type: none"> ► Past and current medical history ► Current Medications 		Additional Comments: