



## **Healthy Living Clinic – Geriatric Medicine**

Tel. (416) 242 1000 ext. 21800 Fax (416) 242 1058

□ Dr. Andrew Baker	☐ Dr. Calvin Cheng
□ Dr. Adam Krajewski	☐ Dr. Benjamin Lee
□ Dr. Judith Seary	

☐ First available

Patient Name		Preferred Language			
Address		Interpreter required? ☐ Yes ☐ No			
		Alternate Contact			
		Relationship			
Health Card Number  DOB (MM/DD/YY)  Phone Number		Alternate Phone Number  ***If the consult is for cognitive issues, the patient MUST be accompanied by a family member or friend who can provide collateral history.***			
			Reason for Referral:	Details	<u>,                                      </u>
			<ul> <li>□ Cognition/dementia</li> <li>□ Falls/mobility</li> <li>□ Polypharmacy</li> <li>□ Multimorbidity</li> <li>□ Other</li> </ul>		any relevant information including medical history, consult
	notes, imaging, in	notes, imaging, investigations, lab work***			
Referring MD		Office Address			
MD Signature					
OHIP Billing #		Phone Number			
Date (MM/DD/YY)		Fax Number			

PLEASE FILL OUT THE FORM COMPLETELY AND CLEARLY TO FACILITATE PROCESSING.

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