



Referral Form Northumberland Memory Clinic/GAIN Centralized Intake Referral

FAX REFERRAL TO 905-885-6063

PROVIDER MAKING THE REFERRAL: PATIENT NAME:		PROVIDER PHONE NUMBER:		
		Date of Birth (D/M/Y):	Gender:	
ddress:		Ci	ty:	
hone:	Other Phone#:	Health Card Number:		
Patient has l	been informed that driving conc	erns will be addressed at this as	ssessment	
ONTACT PERSON	N: (REQUIRED) – This is most often the	Substitute Decision Maker/Power of Att	orney/ or Primary Care Giver	
lame [.]	Relatio	onship:	Phone:	
	rovided verbal consent for GAIN/Memo	-	SDM/POA	
Patient has present the present of the present o	rovided verbal consent for GAIN/Memo	ory Clinic to contact Contact Person/S		
Patient has pr Vho should we con Reason For Refer	rovided verbal consent for GAIN/Memorentation to book appointment?	PATIENT CONTACT PERSO	ON activities of daily living	
Patient has present the present of the present o	rovided verbal consent for GAIN/Memorentation to book appointment?	ory Clinic to contact Contact Person/S	on activities of daily living n/ polypharmacy	
Patient has pr Vho should we con Reason For Refer	rovided verbal consent for GAIN/Memorentation to book appointment?	Arry Clinic to contact Contact Person/S PATIENT CONTACT PERSO Iny Cognitive decline impacting a Complex medication regimer Recent falls/mobility changes Caregiver(s) having difficulty	on activities of daily living n/ polypharmacy	
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Significant Medical History

Current Medication List

Consultation reports/ Specialists reports

- Diagnostic Reports (EKG, CT Scan/MRI of head)
- Lab Results (CBC, TSH, Creatinine, Electrolytes, Glucose, Vitamin B12, Calcium, Albumin)

FOR GAIN REFERRALS ONLY

atient can attend a	clinic visit 🗆 Yes 🛛	No Reason:			
SCARBOROUGH		DURHAM	NORTH EAST		
Scarborough & Rouge Hospital:	Carefirst Seniors & Community	Lakeridge Health Oshawa Hospital	Port Hope Community Health	Trent Hills Community Team	Peterborough
General Site T: 416-431-8111	Services Association	T: 905-576-8711 x 4832	Centre T: 905-885-2626 x 254	(Campbellford)	Regional Health Centre
Fax: 416-289-2961	Fax: 416-847-8941	Fax: 905-743-5311	Fax: 905-885-6063	T: 705-653-1140 x 2139 Fax: 705-632-2023	
Scarborough & Rouge Hospital: Centenary Site	Senior Persons Living Connected T: 416-493-3333 x 311	Carea Community Health Centre (Whitby)	Community Care City of Kawartha Lakes	Haliburton Highlands Health Services (Minden)	T: 705-743-212 x 5021 Fax: 705-876- 5058
T: 416-281-7446 Fax: 416-281-7082	Fax: 416-352-5086	T: 905-723-0036 x 1409 Fax: 905-665-7178	(Lindsay) T: 705-879-4112 Fax: 705-880-1516	T: 705-286-2140 x 3400 Fax: 705-286-0720	