



MINT Memory Clinic

CHCN (Port Hope) & NFHT (Cobourg)

(Referral will be directed to appropriate team based on PCP)

P: 905-885-2626 ext. 264 F: 905-885-6063

Formerly known as the Northumberland Primary Care Memory Clinic

Name of referring physician:		
Client's name:	Date of Birth:	Telephone:
Address:	City:	Postal Code:
Health card number:		VC:
Alternate contact: (required)	Relationship:	Telephone:
Client previously seen by Geriatrician or Memory Clinic:	Yes	No
Client has been seen by GAIN:	Yes	No
Client/family aware that referral has been made:	Yes	No
Client has been informed that driving safety will be assessed:	Yes	No
*** REFERRAL MAY BE DECLINED IF CLIENT HAS NOT BEEN INFORMED ***		
Reason for referral including relevant medical history (if considered medically urgent, please provide reasons):		
URGENT referral: Yes No Delirium has been ruled out: Yes No		
If referring from outside of CHCN or NFHT, <u>PLEASE INCLUDE</u> copies of any relevant documents: Current medication list Patient history & specialist consultations Information & results of any previous cognitive testing Most recent lab work Diagnostic test results (CT scan, x-rays, bone scans etc.)		
Physician Name:		OHIP Billing #:
Physician Signature:		Date: