

Please note that the Memory Clinic focuses on neurodegenerative diseases. We do not accept patients for assessment or management of the following disorders:

- Developmental disorders (e.g., ADHD, learning disorder)
- Chronic fatigue syndrome
- Occupational and environmental exposures
- Seizures
- Traumatic brain injury
- Alcohol or substance dependence or abuse
- Multiple sclerosis
- Toxic encephalopathy

*** Required Information > referrals will be returned if incomplete**

*Client Name (first) _____ (last) _____ Male Female

*Date of Birth (dd/mm/yr) _____ Marital Status _____

Street Address _____ Apt. # _____ City _____

Province _____ Postal Code _____ Phone # _____

* Health Card # ____ / ____ / ____ Version Code _____

* Primary Contact Person for appointment(s): _____

*Relationship to client: _____ Phone # (daytime) _____
Phone # (evening) _____

Is client fluent in English? Yes No If "No", what language is spoken at home? _____

If an Interpreter is required, the client must bring him/her to all appointments

Please indicate reason for referral: (can check more than one box)

Memory

- Mild memory problems Moderate memory problems Severe memory problems

Language

- Mild language problems Moderate language problems Severe language problems

Behavioural

- Verbal / physical aggression Wandering Other: _____
 Psychosis Screaming

Other clinical issues

- Home safety Safety to Drive Other: _____

NOTE: Recent blood work (within last 6 months) is required. Please provide the following:

- CBC
- Calcium
- sTSH
- Fasting blood sugar
- Creatinine & eGFR
- Electrolytes
- Vitamin B12

Our clinic also requires the following information, if available:

- Prior brain CT, MRI or SPECT Prior psychiatry clinical summaries
 Prior neuropsychology reports Prior consultations for cognitive impairment

Patient Name _____ Date of Birth _____

Current Medications _____

Name of Family MD (<i>please print</i>)		
	Phone:	Fax:
Name of Referring MD (<i>please print</i>)		
	Phone:	Fax:
Date (<i>dd/mm/yy</i>)	OHIP Billing # :	

Additional Comments _____

