Baycrest
Enriching Care
Enhancing Knowledge
Enlightening Minds

# Clinic Visit Summary

Sam & Ida Ross Memory Clinic
3560 Bathurst Street
6th Fl. Brain Health Complex
Toronto, ON M6A 2E1
Tel: 416-785-2444 Fax: 416-785-2484

**Patient Name:** **Visit Date:** _____

**Clinicians you saw: Dr.** _____ **Dr.** _____ **Nurse**: _____

**Preliminary Diagnosis:**

_____

_____

***Your next Memory Clinic appointment is** _____ **with Dr.** _____

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**Recommendations and Plan:**

Medication Changes: ☐ No ☐ Change or start the following: _____

Driving _____

Safety issues_____

☐ Education package given ☐ First Link Alzheimer's society
☐ Referral made to CCAC _____
☐ Other Baycrest services _____

**You will be contacted with an appointment for:**

| | | |
|---|---|---|
| ☐ MRI | ☐ SPECT | ☐ CT |
| ☐ EEG | ☐ Sleep Study | ☐ Other |

**You will be contacted for an appointment for the following services at Baycrest.**

| **Baycrest Main Number: 416-785-2500** | | |
|---|---|---|
| ☐ | Neuropsychology: Ruby Nishioka – ext. 2445 | Date:<br>Location: |
| ☐ | Mild Cognitive Impairment: Ruby Nishioka – ext. 2445<br>Suitability Assessment | Date:<br>Location: |
| ☐ | Social Work: Adriana Shnall – ext. 2307 | Date:<br>Location: |
| ☐ | Speech Language Pathology: Dr. Regina Jokel - ext. 2922 | Date:<br>Location: |
| ☐ | Mood Clinic: Bettina Herberman - ext. 4293 | Date:<br>Location: |
| ☐ | Stroke Clinic: Leisha McComie - ext. 3648 | Date:<br>Location: |

**Please contact your family doctor for the following:**

☐ Blood test _____
☐ Other _____

Client interested in being contacted about possible participation in research ☐Yes ☐ No

**Additional Comments:** _____

_____

_____