Mount Sinai Hospital
Sinai Health System
Joseph & Wolf Lebovic Health Complex

Granovsky-Gluskin
Family Medicine Centre
Lebovic Building, 4th floor
60 Murray Street, Box 25
Toronto, ON M5T 3L9
t. 416-586-4800 f. 416-586-3175

Mount Sinai Academic Family Health Team
NEW PATIENT REFERRAL

PLEASE COMPLETE FORM AND:

- **Fax completed form to: 416-586-3175**

or

- **Email to: FamilyHealthTeam.msh@sinaihealthsystem.ca**

First Name:	**Last** Name:
Sex:	Date of birth *(yyyy/mm/dd):*
Phone #:	Alternative phone #:
Email Address:	Address:
City:	**Postal Code:**
OHIP #:	***Please note that you will be REQUIRED to show your valid health card on your first visit and to each and every visit thereafter*

How did you hear about the Mount Sinai Academic Family Health Team?

Do you currently have a Family Doctor?: ☐ Yes / ☐ No

If you answered YES **please provide a reason why you are planning to leave your current Family Physician:**

☐ GP Retired ☐ Other (Please provide reason)

**Please note that our group provides care through a Family Health Organization (FHO). For FHOs to be effective, enrolled patients must commit to receiving their primary health care from their family physician. For this reason, you will be required to transfer your medical records from your previous family physician to our group.*

We cannot guarantee a staff physician. Are you willing to see a resident doctor and have a new resident every 2 years? ☐ Yes / ☐ No

Residents have graduated medical school and require 2 years of supervised practice before they are able to practice independently.