



恆康中心 Wellness Centre

Mount Sinai Hospital  
Sinai Health System

A Community Mental Health Program for Seniors and Caregivers

- Psychogeriatric Service for Chinese Patients
- Clinical Support for Family & Caregivers

Please fax to: (416) 291-8813 T: 416-291-3883  
3660 Midland Ave. Unit 103, Scarborough, ON, M1V 0B8

REFERRAL FORM FOR PHYSICIAN

Name of Referring M.D.:	Physician's Billing no.:
Address:	Tel. no. Fax no.

Patient's Information

Name:	Gender: M / F
Health Card no.:	Language (Dialect): <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> English <input type="checkbox"/> other dialect:
Date of Birth (YY/MM/DD):	Contact Person for appointment: <input type="checkbox"/> Patient <input type="checkbox"/> Family Member
Address:	Name:
Telephone no(s):	Relationship: Tel. no.:

Reason(s) for Referral: <input type="checkbox"/> Psychiatric Assessment <input type="checkbox"/> Medication Consultation	<input type="checkbox"/> Diagnostic Clarification <input type="checkbox"/> Short-term Intervention/Counselling
--	---

Brief Description of Present Mental Health Difficulties or Other Psycho-social Problems

Brief Medical History (incl. medical conditions, surgeries, hospitalization, etc.)

Brief Psychiatric History (if applicable, incl. hospitalization, medications, previous psychiatrists, etc.)

Current Medications and/or Treatment

Allergies

Immediate Risks or Concerns (e.g. aggression, self-harm, addiction)

Signature of Referring M.D.: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Please kindly attach the following documents with the referral:**

- Current Lab result (within 6 months)**
  - Hematology:** CBC
  - General Chemistry:** ALT, BUN, A1C, Creatinine, eGFR, UREA, Calcium, Albumin
  - Immunoassay:** TSH, Vit. B12
  - Microbiology:** Urine Culture & Sensitivity
  - Urinalysis**
  - Therapeutic blood level monitoring (if applicable):** Epival, clozapine, lithium
- Neurologist Consultation report if available**
- Neuroimaging report if available (e.g. CT, MRI)**
- Current Medication Administration Record (MAR) (if applicable)**
- Summary of progress notes**