**Referral for Medical Consultation**

**Please select a clinic below**

Family Medicine IDD Consultation Clinic  Adult IDD Psychiatry Clinic

Developmental Pediatrics  Child IDD Psychiatry Clinic

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| REFERRING PHYSICIAN INFORMATION | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Billing #: \_\_\_\_\_\_\_\_\_\_\_ | | | Signature:­­­ ­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Postal code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| PATIENT INFORMATION | | | | | |
| Please fill out the following patient contact information: | | | | | |
| Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Postal code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (dd/mm/yyyy) | | | OHIP #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Version Code:  \_\_\_\_\_\_\_\_\_ |
| Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Reason for referral: | | | | | |
| Please provide the reason for referral: | | | | | |
| Diagnosis: Please provide the patients diagnosis: | | | | | |
|  | | | | | |
| Medication: | | | Please provide the following if available: | | |
| Please list any medications: | | | * Previous (relevant) medical, genetic, and psychiatric assessment reports * Previous psychology assessment reports * Updated medication list * Recent investigations (bloodwork, imagining, etc.) * Recent and/or relevant discharge summaries or specialist consult notes (past 2 years) | | |

**Please fax to Surrey Place Medical Services 416-929-8199.**

**Questions/concerns please call: 416-925-5141 ext. 2582**