GERIATRICS REFERRAL

Dr. Hussain Almusawi | Aafiyat Specialist Network

Mississauga: 80-3465 Platinum Drive | Brampton: Unit B7-B8, 10910 Dixie Rd | Kitchener: 150 Duke St W

Tel/Text/WhatsApp (289) 813-0786 | Mon-Fri 9 am-9 pm, Sat-Sun 10 am-6 pm | www.aafiyat.ca

FAX COMPLETED REFERRALS TO: (844) 614-2845 Questions: (289) 813-0786

1. PATIENT INFORMATION

Patient name (Last, First): _____ DOB (YYYY-MM-DD): _____

Health card #: _____ Version: _____ Sex: ☐ M ☐ F ☐ X / other

Phone: _____ Alt. phone / email: _____

Address: _____

Substitute decision-maker (if any): _____ Language: ☐ English ☐ Other: _____

2. REASON FOR REFERRAL (CHECK ALL THAT APPLY)

☐ Comprehensive geriatric assessment
☐ Memory / cognitive concerns
☐ Falls / frailty / mobility
☐ Polypharmacy / medication review
☐ Behavioural changes
☐ Caregiver support / planning

Home visit requested (eligible patients): ☐ Yes ☐ No

Other: _____

Preferred location: ☐ First available ☐ Mississauga ☐ Brampton ☐ Kitchener

Home visits considered for eligible patients.

3. CLINICAL DETAILS

Clinical concern / diagnosis: _____

_____

Specific question for consultant: _____

Current medications / allergies: _____

Attached: ☐ Recent labs ☐ Imaging ☐ Medication list ☐ Consult notes ☐ Discharge summary

Urgency: ☐ Urgent (within 1 week) ☐ Semi-urgent (2-4 weeks) ☐ Routine ☐ Second opinion

For emergencies, please direct the patient to the nearest emergency department. Urgent referrals: please also call (289) 813-0786.

4. REFERRING PROVIDER

Name: _____ CPSO / CNO #: _____

OHIP billing #: _____ Clinic name: _____

Phone: _____ Fax (for consult note): _____

Signature: _____ Date (YYYY-MM-DD): _____

Once received, Aafiyat contacts the patient directly to book, and faxes the consult note back to you.

All referral forms: www.aafiyat.ca/refer | Aafiyat Medical Centre | www.aafiyat.ca

CONFIDENTIAL: Contains personal health information (PHIPA). If received in error, notify Aafiyat Medical Centre at (289) 813-0786 and destroy all copies.