MINT MEMORY CLINIC
Collaborative primary care
(Formerly PCCMS)

MINT MEMORY CLINIC
Dr. Sina Sajed Dr. Wei-Hsi Pang Dr. Kevin Lee
Courtice Health Centre, Lower Level
1450 Highway 2 East, Courtice, ON L1E 3C3
Phone: 905-721-4330 Fax: 905-721-6645

REFERRAL FORM – Oshawa Clinic Group

LAST NAME:	FIRST NAME:
HC#: VC:	DOB: ☐ M ☐ F
ADDRESS:	
PHONE:	CELL:

Reason for Referral:

☐ Cognition / Dementia
☐ Depression / Anxiety, if so, is it a longstanding complex mental health concern ◯ Yes ◯ No
Comments:

☐ Responsive Behaviours
☐ Delusions / Hallucinations
☐ Other / Comments:

Recommended labs:

☐ CBC
☐ TSH
☐ Creatinine
☐ Sodium
☐ Glucose
☐ HbA1C
☐ Vitamin B12
☐ Calcium

Please indicate if you are requesting:

☐ An **URGENT appointment** – please explain reason in Other/Comments field above.
☐ **RECOMMENDATIONS ONLY** – rather than our routine management which includes medication adjustments, ordering investigations and arranging referrals as appropriate

☐ Please check here to indicate that you **both recommend AND have** the patient's verbal **consent** for the Memory Clinic team ***to contact an alternate person*** *in order to arrange this appointment*. If so, please include:

Alternate Contact Person: _____
Relationship: _____
Phone Number(s): _____ OR _____

☐ Please check here to indicate that the patient has been informed that, by law, **DRIVING SAFETY WILL BE PART OF THE ASSESSMENT**

Referring Physician:	Billing #:
Signature:	Date:

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Alzheimer Society DURHAM REGION
seniors care network