

## MINT Memory Clinic Referral

**\*Please ensure that the referral is filled out completely. Incomplete referrals will be returned.**

### Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ VC: \_\_\_\_\_  
DOB: \_\_\_\_\_ \*HC#: \_\_\_\_\_  
Address: \_\_\_\_\_ ☐ M ☐ F ☐ Other: \_\_\_\_\_  
Primary language: ☐ English ☐ French ☐ Other: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Pharmacy Information** – this allows us to complete a best possible medication history prior to the appointment.

\*Pharmacy Name: \_\_\_\_\_ \*Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Is the patient/family aware that referral has been made?** Y ☐ N ☐

**The patient has previously seen:** ☐ Geriatrician ☐ Memory Clinic ☐ GAIN team ☐ Neurology

### Alternate Contact

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
☐ \*Check here to indicate that you **recommend AND have the patient's verbal consent** for the Memory Clinic staff to **contact the person listed above** about this referral.

### Reason for Referral

☐ Change in behaviour / personality ☐ Delusions / Hallucinations  
☐ Cognition / Memory ☐ Depression / Anxiety: *Is this a longstanding psychiatric concern?* Y ☐ N ☐  
☐ Other/Comments: \_\_\_\_\_

### Additional Information

☐ Lives alone ☐ Frequent falls ☐ Safety concerns ☐ \*Driving ☐ Recent hospitalization  
**\*Driving:** Our assessments elicit information about driving safety. By law, this may lead to the initiation of a report to the Ministry of Transportation. Patients must be made aware of this.  
**Patient is aware that driving safety will be part of the assessment?** Y ☐ N ☐  
**Please attach the following investigations (within 1 year) if available.**  
☐ CBC ☐ Vitamin B12 ☐ MRI (head) ☐ CT (head) ☐ Cardiology Consult note  
☐ TSH ☐ Creatinine ☐ Glucose / HbA1C ☐ ECG  
☐ Electrolytes ☐ Previous MoCA ☐ Community Pharmacy Medication Check

### Referring Primary Care Provider

Name: \_\_\_\_\_ Billing #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_