

Exclusion criteria: Ours is a dementia diagnostic and treatment clinic. We are unable to process cases that: coincide with an acquired brain injury, documented neurological disorder (e.g. M.S.), active substance abuse, inadequately controlled psychiatric illness, or longstanding learning disabilities. Patients < 50 years are only seen under special circumstances.

The section below is mandatory for all referrals

Requirements for Processing of BMP Referral (must be attached to the referral):

Complete bloodwork/Urinalysis results (within last 3 months): CBC, Electrolytes, Creatinine/eGFR, Glucose (Random), ALT, Calcium, Vitamin B12, TSH, Ferritin, VDRL/Syphilis Serology, Urinalysis (Chemical) **AND** CT or MRI Head results (within last 2 years) OR Proof of Ordered/Pending CT or MRI Head

Client's Last Name: _____ **Given Name:** _____ **Health Card** _____ **Code** _____

Address _____ **City/Province** _____ **Postal Code** _____

Telephone No. _____ **Date of Birth (day/mo/yr)** _____ **Marital Status** _____ **Language** _____ **Gender** _____

Living Arrangements: Alone Spouse Other Relative Friend Residential Other

Name of Contact Person: _____ **Relationship** _____ **Home Telephone No.** _____ **Work Telephone No.** _____ **Cell No.** _____

Address _____ **City/Province** _____ **Postal Code** _____

Who should be contacted for the appointment? Client or Contact person

Family Physician: _____ **Telephone No.** _____ **Fax No.** _____

Address _____ **City/Province** _____ **Postal Code** _____

Date Last Seen: _____ **Client Aware of Referral?** Yes No

Referral Source: (if other than family physician) _____ **Name/Agency** _____

Telephone No. _____ **Fax No.** _____

Reason for Referral: _____

Medical History: _____

List of Current Medications: (Name/Dosage) _____

Please enclose pertinent diagnostic investigations /assessment report (within last year)

Signature of Referring Physician: _____ **Physician Billing No.:** _____

Printed name of Referring Physician: _____ **Date of Referral:** _____