Rapids
Family Health Team
1150 Pontiac Dr., Sarnia ON N7S 3A7
Fax : 519-491-2371

Memory Clinic Primary Care Provider Referral Form

The Rapids Family Health Team Memory Clinic is intended to support practices in the assessment and management of patients with memory issues. Patients referred to the Rapids FHT Memory Clinic will receive:

- Cognitive assessment (including driving assessment)
- Medication review
- Connections to community supports

Following the appointment the primary care provider will receive clear, comprehensive recommendations for follow-up.

*****NOTE: A Patient Information form must be completed by patient/family/caregiver before appointment can be scheduled. **Caregiver/family are required to attend the appointment with the patient.**

Client Information: Referral Date:

Name:	OHIP #:
Address:	
Phone: (home) (cell)	DOB:
Family Doctor:	

Client previously seen by geriatrician or Memory Clinic:	☐ Yes	☐ No
Client/family aware that the referral has been made:	☐ Yes	☐ No
Client has been informed that driving safety will be addressed:	☐ Yes	☐ No

*****Referral may be declined if the client has not been informed*****

Reason for referral including relevant history (if this referral is considered **medically urgent**, please call the office @519-339-8949):

PLEASE ENSURE that any pertinent investigations be included:	**PLEASE ENSURE** the following bloodwork is forwarded with the referral	
☐ Relevant report/Specialist report (if already completed) ☐ EKG (if already completed) ☐ Brain Imaging (if already completed) ☐ Current medication list ☐ Significant medical history	☐ CBC ☐ TSH ☐ Creatinine ☐ Electrolytes	☐ Glucose/A1C ☐ Vitamin B12 ☐ Calcium ☐ Albumin

Alternate Contact Required:

Name:	Relationship to Client:
Address:	Phone: (home) (cell)
POA: ☐ Yes ☐ No If No, please specify POA	
Name:	Phone: