

GRAND	Patient Name:	Gender: M/F/C
HOSPITAL Advancing Exceptional Care	DOB:	HCN:
	Address:	
Community Referral to:		
□ Internal Medicine Clinic - GIMRAC□ Non-Malignant Hematology Clinic	Phone #:	Alternate Phone #
Telephone: 519-749-4300 Ext. 2910 Fax: 519-7	749-4448	

This is not a crisis or emergency referral service. For emergencies, call 911 or proceed to the nearest Emergency Room. Chronic non-urgent symptoms greater than 6 months will not be seen in this rapid assessment clinic.

> The following form MUST be completed by the Referring Physician see reverse (page 2) for instructions

Date of Referra	l:			
Reason for Refe	erral: □ To avoid ED visit □ To access non-malignant I	☐ To access internal medicine services nematology services		
Accessibility: Does the patient require any special assistance? ☐ Interpreter Services Needed ☐ Language				
Diagnosis: In short, what medical issues are to be addressed in clinic? ☐ Duration of Symptoms				
Attach patient history and results of relevant investigations that are not available on Clinical Connect □ Labs/Imaging Reports □ Other:				
Referring MD:	Printed Name:	Physician Signature: (MANDATORY)		
	Address:			
	Telephone Number:	Fax Number:		
	Physician Billing Number:			
Pharmacy Information:	☐ Pharmacy Name and Address:			
	☐ Telephone Number:	☐ Fax Number:		

Fax to: 519-749-4448



Community Referral – Information and Instructions

Internal Medicine Clinic - GIMRAC

Telephone: 519-749-4300 ext. 2910 Fax 519-749-4448

MANDATE: - To provide expedited access to general internal medicine consultations for outpatients

STEP 1 - BEFORE COMPLETING THE REFERRAL FORM

Physician referral is required

Example criteria for referral include:

GIMRAC	Non-Malignant Hematology
 Patient must be 18 years of age or older Benign Hematology: Chronic anemia, sickle cell follow up, low platelets, etc. Infectious disease: Fever NYD Chest pain NYD with negative blood work HTN (newly diagnosed and /or acute on chronic, headache, etc. Weight loss NYD Abnormal X-ray: Mass, effusion Idiopathic DVT/PE Post discharge follow up 	 Patient must be 18 years of age or older Benign Hematology: Chronic anemia, sickle cell follow up, low platelets, etc. Thrombosis/hemostasis Hemoglobinopathies Cytopenias/cytoses Post discharge follow up

STEP 2 - COMPLETING THE REFERRAL FORM

- · Include all known information relevant to this referral
- Indicate any outstanding orders that require follow up at the Internal Medicine Clinic/Non-Malignant Hematology Clinic appointment
- Include any relevant results that are not available on Clinical Connect

STEP 3 - AFTER COMPLETING THE REFERRAL FORM

Fax to 519-749-4448
Provide patient with Internal Medicine Clinic/Non-Malignant Hematology Clinic pamphlet
Inform patient of any investigations or blood work needed prior to clinic appointment

IN ALL CASES, THE INTERNAL MEDICINE CLINIC STAFF WILL SCHEDULE AN APPOINTMENT AND CONTACT THE PATIENT DIRECTLY.