



BRIDGEWAY
COMMUNITY
PALLIATIVE
PHYSICIANS

*Dr. Anthony Di Cintio ◊ Dr. Clara Leigh ◊ Dr. Raji Menon
Dr. Diane Poilly ◊ Dr. Maggie Yu
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Referral Form

Patient Name: _____ Patient's Primary Caregiver: _____
Date of Birth: _____ Relationship: _____
Full Address: _____ Phone (if different): _____

Phone: _____

OHIP Number: _____ VC: _____

Date of Referral: _____

Referring Physician: _____ OHIP Billing Number: _____

PCP/ Family Doctor: _____ PCP aware of the referral? Yes No

Patient Location at time of referral: _____

- Preferred Consultant: _____ Urgency: _____
- First Available Less than one week
 - Dr. A. Di Cintio One to two weeks
 - Dr. C. Leigh Three weeks or greater
 - Dr. R. Menon
 - Dr. D. Poilly
 - Dr. M. Yu

Requesting Cornwall Hospice Admission

While we attempt to match patients with their preferred provider, patients may be assigned a consultant depending on consultant's availability and residence of patient's care. We are usually able to offer a first visit within the time frame indicated: however, we are unable to assume care until the first visit.

Primary Diagnosis: _____

Date of Diagnosis: _____

PPS: _____

Historical details: _____

- Please attach:
 - The original consult notes
 - Most recent consult or clinic notes
 - Discharge summary (if recently hospitalized)
 - Most recent imaging and laboratory work