BRIDGEWAY COMMUNITY PALLIATIVE PHYSICIANS

Dr. Clara Leigh *Dr. Raji Menon*
Dr. Diane Poilly *Dr. Maggie Yu*
Dr. Tony 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:
- ☐ First Available
- ☐ Dr. C. Leigh
- ☐ Dr. R.Menon
- ☐ Dr. D. Poilly
- ☐ Dr. M. Yu
- ☐ Dr. T. Yu

Urgency:
- ☐ Less than one week
- ☐ One to two weeks
- ☐ Three weeks or greater

☐ 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