RESET

Clearly imprint patient identification card

Geriatrics Telemedicine Referral Form

Healthy Ageing and Geriatrics Program
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The Geriatric Urban Telemedicine program is designed to connect homebound older adults with specialist care within the home setting through the use of OTN.

Inclusion Criteria	**Exclusion Criteria**
1. Frail, homebound clients 2. Age 65+ 3. Residing in the TC-LHIN	1. Clients residing in Long Term Care Facilities

Referral Date: (YYYY MM DD)

Referring Physician Information

Physician Name:

Phone: ( ) Ext.	Fax: ( )
Email:	Billing Number:

Patient Information

Patient Name:	Gender
Address:	Postal Code:
DOB:	HCN:
Best Contact Person:	
Best Contact Number: ( ) Ext.	Alt. Contact Number: ( ) Ext.
☐ Interpreter services are required	Language:

Clinical Information:

The patient requires telemedicine for which specialty?

☐ COPD ☐ CHF ☐ CAP ☐ Other:

Is a Specialist currently involved in patient's care? ☐ Yes Name: ☐ No

Is the Specialist currently registered with the Ontario Telemedicine Network (OTN)? ☐ Yes ☐ No ☐ Unsure

Reason for Referral:

Provide any additional information that will assist with the telemedicine referral (medical Hx, medication list, recent labs, consult notes):

Please list any other referrals you have made for this patient:

Please include any tests/diagnostics/investigations that have been made for this patient:

Date (YYYY MM DD) Signature of Referring Physician , M.D.

Please fax referral form and all supporting documentation to 416-586-4682

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