



168 Brock Street
Peterborough, ON K9H 2P4
T: 705.749.3906 | F: 705.749.2778
Email: info@kawarthacentre.com
www.kawarthacentre.com

REFERRAL FORM

Kawartha Centre is a diagnostic and treatment clinic designed for cognitive impairment. We are also a specialized clinical trials site for Mild Cognitive Impairment and Alzheimer's disease.

Please note, WE DO NOT SEE REFERRALS FOR acquired brain injury, active substance overuse disorder, or inadequately controlled psychiatric illness. Persons under 45 years may be seen under special circumstances.

Patients will be booked with the physician with the earliest availability.

PATIENT INFORMATION

Patient name:

Health card number:

Address:

Date of birth:

Telephone:

Contact person's name:

Relationship to patient:

Telephone:

Who should we call regarding an appointment?

Patient

Contact person

Has the patient been referred to the GAIN clinic?

Yes

No

REASON FOR REFERRAL. The referral will be returned if this area is left blank. If urgent, please indicate why.

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Please attach supporting documents including:

- Medical history, relevant consultation notes
- Medications
- Previous cognitive screening tests, assessments (if any)
- Neuroimaging (previous CTs, MRIs), if previously completed

PLEASE ENSURE PATIENT IS AWARE OF THE REFERRAL.

REFERRING PROVIDER

Name:

Billing #:

Fax:

PCP Name:

(if not sender)
