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**REFERRAL FORM**

Kawartha Centre is a diagnostic and treatment clinic 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 use disorder, or inadequately controlled psychiatric illness. Persons under 55 years may be seen only 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:	
Relationship to patient:	
Telephone:	

Who should we call regarding an appointment? Patient \_\_\_\_ Contact person \_\_\_\_

Has the patient been referred to the GAIN clinic? No \_\_\_\_ Yes \_\_\_\_\*

\*Referrals sent to both GAIN and Kawartha Centre are not recommended. Please refer to GAIN if additional allied support, BSO, case management, or complexity requiring team approach is required. Kawartha Centre does not have these services.

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

Please send all relevant notes, consultations, medication lists, previous cognitive screening or imaging (if any).

**REFERRING PROVIDER**

Name:	
Billing number:	
Fax:	
PCP Name (if not sender):	

PLEASE ENSURE PATIENT IS MADE AWARE OF THIS REFERRAL