Santé Bruyère Health

Clinic referral form

Bruyère Health Memory Clinic

We are a dementia diagnostic and treatment clinic for undiagnosed people with mild or atypical cognitive decline in which neurodegeneration is suspected. Our mandate is for early diagnosis and intervention. **We do not provide long-term follow-up.**

Personal information

Last name:	Given name:	Health card:	Code:
Address:	City / Province:	Postal code:	
Telephone no:	Date of birth (dd/mm/yyyy)	Marital status:	Gender:

Living arrangements: ☐ Alone ☐ Spouse ☐ Other relative ☐ Friend ☐ Residential ☐ Other

Language: ☐ English ☐ French ☐ Other:

Is there a language barrier? ☐ Yes ☐ No Is interpreter needed? ☐ Yes ☐ No

Name of contact person: Relationship: Phone no.:

Who should be contacted for the appointment? ☐ Patient ☐ Contact person

We only accept referrals for patients aged 50+ for diagnostic assessment and initiation of treatment for whom the following apply:

★ Mandatory checklist: **must** check **all** or referral will not be accepted:

- ☐ Person has undiagnosed mild or atypical cognitive decline (with minimal or mild functional impairment) in which neurodegeneration is suspected, with the goal of referral being early diagnosis and intervention.
- ☐ There is no recent medical event, delirium, stroke, traumatic brain injury, or uncontrolled neurologic illness (e.g. seizure disorder, multiple sclerosis)
- ☐ There is no frailty, falls, multiple medical co-morbidities, or polypharmacy for which Geriatric Day Hospital consultation is better suited (refer to Geriatric central triage, see link) Medical office registration form (rgpeo.com)
- ☐ There is no uncontrolled psychiatric disorder for which Psychiatry or Geriatric Psychiatry consultation is better suited (refer to centralized geriatric psychiatry see link) Joint Referral ROH-GPCSOEn_p1
- ☐ There is no alcohol and/or substance use disorder to explain the person's cognitive symptoms
- ☐ I have confirmed that the required labs (see below) have been done and reviewed in primary care. These have been deemed to be non-contributory (i.e., no reversible cause for cognitive symptoms has been identified)
- ☐ Attached: bloodwork and urinalysis results within last 3 months of referral (CBC, Electrolytes, HbA1c, creatinine/eGFR, ALT, ionized calcium, vitamin B12, TSH, urinalysis (chemical))
- ☐ Attached: CT or MRI head results within last 2 years, or proof of ordered / pending CT or MRI head
- ☐ Attached: list of current medications and dosages
- ☐ Attached: copies of prior dated cognitive testing if available

Mandatory:
Describe the reason for referral and basis for suspicion for emerging neurodegeneration

Is the patient a driver: ☐ **Yes** ☐ **No**

Additional concerns

☐ Function ☐ Caregiver stress ☐ Driving ☐ Other safety concerns:

Medical history (please include copies of relevant consultation e.g. neurology, psychiatry)

Down's syndrome or intellectual disabilities? ☐ Yes ☐ No If yes, please explain.

Primary care provider: Name: Phone: Fax: ☐ no PCP

Referral source if other than PCP: Name: Phone: Fax:

Signature of referring physician/nurse practitioner:

Printed name of referring physician:

Physician billing no:

Date of referral:

★ **All fields required**

Contact us

Office hours

8:00am to 4:00pm
Tel.: 613-562-6322
Fax.: 613-562-6013

Address

75 Bruyère St, suite 110Y
Ottawa, Ontario
K1N 5C8

Please contact us: If something has changed in the health status of your patient which would change their acceptance criteria.