UHN Toronto Western Hospital

Addressograph/label

TWH General GIM (General Internal Medicine) Clinic - General Referral Form

Clinic information:

- Toronto Western Hospital University Health Network, West Wing, 2nd floor
- 399 Bathurst Street Toronto, Ontario, Canada M5T 2S8
- Tel: 416 603-5853 Fax: 416 603-5987 E-mail: TWHgimclinics@uhn.ca
- Referral information:
  - This clinic provides assessment for patients a new-onset serious medical illness or new suspected cancer diagnosis
  - Referrals are only accepted for patients whose primary residence has a postal code starting with the letter "M"
  - If referring providers are uncertain about the suitability of a referral, they are encouraged to start by requesting an E-consult: Navigate to otnhub.ca and log in. Search for: "GIM e-consult faculty group").
- We use a group practice model and patients may be seen by multiple physicians

Referral form:

Name: _____ Date of Birth: _____
Patient Address: _____
OHIP Number: _____
Contact Person: _____ Relationship: _____
Home Phone: _____ Work Phone: _____

Communication: □ Fluent in English □ Will bring translator □ Interpreter needed: _____

Reason for Referral: *Please be as specific as possible as to the clinical question you would like answered*

_____

_____

□ Additional documentation attached

Referral was recommended by GIM e-consults physician: □ No □ Yes (if yes, attach copy of e-consult)

Level of Urgency: _____

Phone (Referring MD): _____ Fax (Referring MD): _____
Referring MD/NP: _____ Billing#_____ Signature_____
Date referred: _____