Brampton Internal Medicine - Rapid Access
Fax Referral To: 289-764-4002 | Phone: 416-784-2907
Email: bramptoninternalmedicine@gmail.com
40 Finchgate Bvld, Suite 316, Brampton ON, L6T 3H9

Patient Information

First Name: _____ Last Name: _____
Health Card #: _____ DOB (YYYY/MM/DD): __/__/__
Phone: _____ Email: _____

Referral Priority

☐ Urgent (< 2 Wks) ☐ Semi-Urgent (< 4 Wks) ☐ Routine (6 Wks)

Primary Reason for Referral

☐ Hypertension
☐ Chest Pain
☐ Palpitations
☐ Heart Failure
☐ Nephrology
☐ Autoimmune Disorders
☐ Syncope
☐ Pre-Operative Assessment
☐ Edema
☐ Uncontrolled Diabetes
☐ Obesity
☐ Other (Specify Below)
☐ Hyperlipidemia
☐ Thyroid Disorders
☐ Abnormal LFTs
☐ Unexplained Weight Loss
☐ Diabetes
☐ Chronic Kidney Disease
☐ Chronic Anemia
☐ Iron Deficiency
☐ Resistant Hypertension
☐ Obesity with T2DM

Geriatrics

☐ Geriatrics Assessment
☐ Cognitive Screening / Dementia with Consult
☐ Polypharmacy Review

Iron Infusion Services

☐ Iron Infusion with Consult

Attachments Included In This Referral

☐ CPP
☐ Previous Workup,Results,Imaging
☐ Medication List
☐ Recent Lab Reports

History of Present Illness

_____
_____
_____

Referring Physician's Information

Physician's Name: _____ Billing #: _____

Phone: _____ Fax: _____

Signature: _____ Date: __/__/_____