Lakeridge Health

Acute Medicine Clinic (AMC)

Telephone: 905−576−8711 x32664 Fax: 905−721−4877

Hours of operation: Monday to Friday 0800 to 1600

** Patients will NOT be provided with ongoing longitudinal care at the clinic **

CLINIC EXCLUSIONS:

- Immobility (cannot be the reason for referral)
- Suffers from severe dementia and no caregiver/escort
- Suspicion of influenza
- Not stable clinically for 72 hours
- Procedures required (e.g. paracentesis, thoracentesis)
- Patient of DRCC (issue related to cancer)
- Rashes (or primary derm. complaint unless obvious systemic issue
- If patient followed by specialist for their primary complaint (eg Neurologist for seizures or Respirologist for SOB)

APPOINTMENT DATE: _____ TIME: _____

☐ Instructions for Acute Medicine Clinic provided to patient

REASON FOR REFERRAL: Priority ☐ < 72 hours ☐ Within 1 week

Has referral been discussed and patient agreed to AMC services? ☐ YES ☐ NO

Would this patient have been referred for admission if not referred to this clinic? ☐ YES ☐ NO

_____ _____

Referring Physician (Print Name) Referring Physician Billing No.

_____ _____

Referring Physician (Signature) Date

**** ED − Fax this referral form, ED face sheet and ECGs to: 905−721−4877**

**** Inpatient Units − Fax order/referral and call AMC for appointment time prior to patient leaving**

***** Ensure stat discharge dictation is completed *****

White copy to patient; yellow copy to LH chart

REF0061

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