

Specialist Referral Form

Enhanced Care Clinic

7335 YONGE ST, THORNHILL (TEL) 905-707-7309 (FAX) 1-888-979-6305
 14872 YONGE ST, AURORA (TEL) 905-841-8790 (FAX) 905-841-9404

INTERNIST & GERIATRICIAN

DR. KRUPA DIGHE, MD, FRCP (C)

- Cognitive Assessment Falls
 Incontinence Depression
 Geriatric issues Confusion
 Other _____

GYNECOLOGIST

DR. BERNARD GREISMAN, MD, FRCS, FACOG

- Infertility Prolapse
 Abnormal PAP Smear Family Planning
 Abnormal Uterine bleeding Incontinence
 Other _____

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INTERNAL MEDICINE

DR. SHAZAD QURESHI, MD, FRCP (C), FACP

- Acute Kidney Injury Chronic Kidney Disease
 Diabetic Nephropathy Peripheral Edema
 Urinary Abnormality (Proteinuria, Hematuria)
 Other _____

WOMEN'S HEALTH AND BREASTFEEDING

DR. MAUDE BOULANGER, MD, CCFP

- IUD Insertion PCOS
 Endometrial Biopsy Menopause
 Breast Cyst Aspiration Tongue-Tie Release
 Other _____

CARDIOLOGY

DR. KUSHAL DIGHE, MD, PhD, FRCP (C)

- Cardiac Risk Assessment Syncope/Dizziness Chest Pain/Ischemic Heart Disease
 Shortness of Breath Dyslipidemia Murmur/Valvular Heart Disease
 Palpitations Atrial Fibrillation Heart Failure/Cardiomyopathy Other _____

SPORT MEDICINE CONSULTATION

DR. TAHER CHUGH, MD, CCFP, Dip. Sport Med

- Injury Prevention Concussion Back/Neck/Shoulder Injury
 Elbow/Arm/Wrist Pain Thoracic wall/Buttock/Groin Pain Hand/Foot/Leg/Calf Pain
 Core Strength Deficiency Other _____

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PSYCHOTHERAPY (OHIP covered)

DR. Young Lee, MD

- Psychotherapy Marital therapy Stress management Hypnotherapy

ENT (OTOLARYNGOLOGY)

DR. Sarfaraz Banglawala, MD, MPH, FRCS

DR. Susan Tan, B.Sc (Hon), MD, FRCS

- Ear Nose Oral (mouth and throat) Sinuses Skin Lesion Structure of face and neck
 Other _____

Date of Referral: _____ URGENT (< 2 weeks)

Patient Name: _____ Patient Phone Number: _____

Referring Physician Name: _____

Referring Physician OHIP No: _____

Referring Physician Signature: _____