



**KW4 Regional MINT Memory Clinic**  
16 Andrew St., Kitchener, ON, N2H 5R2  
P: 226-338-5942 F: 519-578-9804

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## **FAX COVER SHEET**

You are receiving this communication as part of the KW4 Regional MINT Memory Clinic's efforts to **provide clarification on our referral process**. We hope this information will be helpful in ensuring efficiency for all.

Please note that **ALL** Regional Memory Clinic referrals must be sent to our **Clinical Intake Team - Specialized Geriatric Services (SGS)** for centralized and proper processing at **1-888-205-1491** (also listed on our referral form).

Once SGS has received a referral, they will send your office a confirmation letter stating such. They will fax you a second letter once the referral has been processed and forwarded to the most appropriate service provider (i.e., Regional Memory Clinic, Geriatric Medicine, etc.).

Please re-fax this patient's referral to SGS and include any of the available following information with your referrals:

- |  |   |
|--|---|
| <input type="checkbox"/> Memory Clinic referral form ( <i>attached</i> )   | <input type="checkbox"/> Head imaging, ECG, bloodwork   |
| <input type="checkbox"/> Patient profile with <b>alternate contact</b> ( <i>required</i> ) and updated medication list | <input type="checkbox"/> Progress notes specifying concerns, risks, and/or functional ability |
| <input type="checkbox"/> Relevant specialist consult reports   | <input type="checkbox"/> Status of fitness to drive   |
| <input type="checkbox"/> Previous cognitive testing  | <input type="checkbox"/> Other _____  |

**Please note: SGS and Memory Clinic teams have different office locations. To maximize efficiency, it is important that documentation for NEW referrals is sent to Clinical Intake.** Communications for follow-up patients already part of our active caseload can be sent directly to the Memory Clinic fax line (519-578-9804).

Your time and attention to this matter is greatly appreciated.

### **The Memory Clinic Team**

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