ACUTE INTERNAL MEDICINE SERVICE (AIMS) REFERRAL

gimclinic.ca
hello@gimclinic.ca
Tel: (226) 270-8618
Fax: 1 (833) 665-7943
PO Box 27030
Guelph RPO Clair, ON, N1L 0C1

Please provide the following information and fax the complete form and relevant reports to **1 (833) 665-7943**. Incomplete referral forms will delay assessment.

Patient Information			
Last Name:		First Name:	
DOB (dd/mm/yyyy)	Age:	Sex (at birth):	HCN:
Address:		City and Postal code:	
Cell phone:		Email:	

Referring Physician
Name:
Address:
Phone:
Fax:
Billing Number:

Primary Care Provider (☐ same as referring provider)
Name:
Address:
Phone:
Fax:
Billing Number:

Reason for referral		
☐ new/severe/uncontrolled HTN	☐ new desaturation NYD	☐ acute kidney injury / new CKD
☐ new/decompensated CHF	☐ new/decompensated COPD	☐ electrolyte disturbances
☐ new chest pain NYD	☐ new/uncontrolled diabetes	☐ new hepatitis / cirrhosis
☐ new shortness of breath NYD	☐ new hypo/hyperthyroidism	☐ new diarrhea/colitis NYD
☐ new peripheral neuropathy	☐ new anemia/thrombocytopenia	☐ unintended weight loss NYD
☐ initial malignancy workup	☐ cellulitis / other infections	☐ fever of unknown origin
☐ post-discharge evaluation		

Acknowledgement by referring provider

The GIM Clinic's Acute Internal Medicine Service (AIMS) provides prompt assessment and acute management for patients with new or worsening medical concerns. Patients receive diagnostic evaluation, initial treatment, and stabilization before returning to their Primary Care Providers or any specialists involved. Most patients are seen for three to five visits before discharge. If a patient does not have a Primary Care Provider, follow-up will return to the referring physician. By signing this referral form, I acknowledge and accept these terms.

Referring Provider Signature: _____ Date: _____

Required attachments:

1. Patient profile (past medical history, surgical history, social history, medications)
2. Latest encounter notes.
3. Pertinent specialist notes.
4. Diagnostic test reports for the past year.