

Stratford Medical Centre Suite 107 444 Douro St Stratford Ontario N5A 0E6
Stratford Internal Medicine Associates
Tel (519) 273-0100/ 273-1900
Fax (519) 273-0675

Consult Request Form

Patient demographics:

Outpatient Inpatient Hospital: _____

Referring MD : _____

Location preference (check any/all that would be preferred)

(Please note that selection of a preference of either location or physician may result in a longer wait time for consult).

- Stratford
- St. Marys (Barry/Haffner)
- Seaforth (Caines)
- Clinton (Dhillon/Narayan)
- Listowel (Peirce/van Oosten)
- Wingham (Kara)

Physician preference (check any/all that would be preferred)

- First Available
- Dr Catherine Barry Dr Angela Caines Dr Yadwinder Dhillon
- Dr Tom Haffner Dr Ali Kara Dr Shanil Narayan
- Dr Michael Peirce Dr Erik van Oosten

Reason for Consultation:

Please include PMHX, current medications and any relevant Investigations or previous consultations that may help us with review for the purposes of triage and clinical care.

