Mount Sinai Hospital
Sinai Health System
Joseph & Wolf Lebovic Health Complex

Granovsky-Gluskin
Family Medicine Centre
Lebovic Building, 4th floor
60 Murray Street, Box 25
Toronto, ON M5T 3L9
t. 416-586-4800 f. 416-586-3175

Mount Sinai Academic Family Health Team
NEW PATIENT REFERRAL

PLEASE COMPLETE FORM – ALL FIELDS ARE MANDATORY FOR REGISTRATION

- **Fax completed form to: 416-586-3175**

or

- **Email to: FamilyHealthTeam.msh@sinaihealthsystem.ca**

First Name:	**Last Name:**
Sex:	**Date of birth *(yyyy/mm/dd):***
Phone #:	**Alternative phone #:**
Email Address:	**Address:**
City:	**Postal Code:**
Province:	**Interpreter required:**
OHIP and VC#:	**Marital Status:**
Emergency Contact (Relation to Applicant & Telephone #):	**Are you pregnant?**
Are you a MSH Employee? □ Yes / □ No	**If you are pregnant, what is the first day of your last menstrual period? OR what is your due date (EDC)?**

Do you currently have a Family Doctor?: □ Yes / □ No

If you answered YES please provide a reason why you are planning to leave your current Family

Physician: ☐ GP Retired ☐ Other (Please provide reason)

**Please note that our group provides care through a Family Health Organization (FHO). For FHOs to be effective, enrolled patients must commit to receiving their primary health care from their family physician. For this reason, you will be required to transfer your medical records from your previous family physician to our group.*

Are you willing to see a resident doctor and have a new resident every 2 years? ☐ Yes / ☐ No

Residents have graduated medical school and require 2 years of supervised practice before they are able to practice independently. **Please note, you will not be able to switch to a staff practice as our staff physician's practices are closed.**