

Ambulatory *Internal Medicine* Group Practice

Clinic: 4th floor, Cardinal Carter Wing, Squires Reception

T: 416-864-5928

F: 416-864-5714

E: aimgp@smh.ca

St. Michael's

Inspired Care.

Inspiring Science.

Referral process

The Ambulatory Internal Medicine Group Practice (AIMGP) is a resident-based outpatient practice whereupon patients are booked and seen by an Internal Medicine resident and reviewed with an attending GIM staff. This is a consultant clinic whereby patients with complicated medical issues or diagnostic dilemmas are reviewed and assessed over 3-4 visits and then return for ongoing care with their primary care giver. Follow-up appointments are made with the resident who initially assessed the patient to allow for continuity of care.

Patients are often referred to a specific "staff" and every effort is made to have the patient reviewed with the staff he/she was referred to. Again, for continuity of care, we make every effort to have the patient re-assessed by the same staff and resident.

Referrals can be sent to the AIMGP Clinic via fax 416-864-5714. The referrals are triaged in order that more complicated cases that would be of interest to the PGY4 clinic can be selected.

- 1) Fax referral to 416-864-5714
- 2) Referral is triaged by Dr. Mourad
- 3) An appointment notification will be faxed to the referring doctor in order that the patient may be contacted regarding their appointment.
- 4) In some instances we do contact patients directly, if for instance an appointment is available on short notice.

Clinic Supervisors:

Dr. Arlene Bierman, Ontario Health Women's Council Chair, Inner-City Health Research.

Dr. Peter Kopplin, Staff GIM since 1970, former Head of GIM 1979-93

Dr. Andreas Laupacis, Director, Li Ka Shing Knowledge Institute

Dr. Yuna Lee, Staff GIM, also attends Metabolic Bone Clinic

Dr. Ophyr Mourad, Division Head GIM, Medical Director AIMGP.

Dr. Robert Sargeant, Staff GIM, advanced training in Wound Care

Dr. Jerry Zownir, Staff GIM since 1972

REFERRAL to AIMGP CLINIC

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Patient's Name:	
Address:	
Contact Numbers:	
Health Card #:	Date of Birth:
Referring MD: and referring phys #	Name:
	Address:
	Telephone / Fax:
	Referring Phys #:
Assistance Needed?	Does patient require translator? Y / N Language:
	Hearing impaired? Y/N Needs translator? Y/N
	Disabled? Y/N Coming via WheelTrans? Y/N
Diagnosis: In short, what medical issues are to be addressed in clinic?	
Are there any pending investigations?	
ATTACH results of relevant investigations that are not available on the SMH hospital system.	

PLEASE FAX TO 416-864-5714

If you have any questions, please call Maureen at 416-864-5928.

All referrals are reviewed and triaged according to priority.