



Clinic Visit Summary

Dr. Paula Creighton, MD FRCPC
Geriatric Medicine Specialist

Carlisle Medical Centre, 905-689-3301

Patient Name: patName

Visit Date: ...rentDate.short

Preliminary Diagnosis:

***Your Next appointment is:** _____

Recommendation and Plan:

Medication Changes: ☐ No ☐ Change or start the following:

Driving: _____

Safety Issues: _____

- ☐ Education package given/emailed
- ☐ First Link Alzheimer's Society
- ☐ Referral made to CCAC
- ☐ Day Programs
- ☐ Lifestyle (exercise, alcohol, diet, weight loss, smoking)
- ☐ Mental Stimulation/ Social Engagement
- ☐ Advanced Care Planning (*Goals of Treatment, End of Life*)
- ☐ Alternative Living (*Retirement Home, Long Term Care, Family*)

You will be contacted with an appointment for:

- ☐ MRI ☐ SPECT ☐ CT
- ☐ EEG ☐ Sleep Study ☐ Other: _____
- ☐ Specialist, _____

Additional Comments: