



St. Peter's Hospital
Centre for Healthy Aging

Summary of your visit

Name: _____

Clinic Visit Date: _____

St. Peter's Hospital
88 Maplewood Avenue
Hamilton, ON
L8M 1W9
905-521-2100, ext. 12360

please turn over →

Medication instructions:

Lab work or tests needed:

Health recommendations:

Follow-up appointments with other health professionals:

Your next clinic visit:

- ✓ Please provide a 24-hour cancellation notice.
- ✓ **Please bring all medications including herbal and non-prescription medications in their bottles, dosette boxes or blister packs.**
- ✓ Parking minimum: \$2.00 per hour. Maximum \$10.00 per day. Coins only – subject to change.

Doctor: _____

Case Manager: