

Outpatient Specialized: Geriatric Services Referral

Address: Oakville Trafalgar Memorial Hospital, 3001 Hospital Gate, Oakville, ON L6M 0L8 Clinic Phone: 905-338-4362 Fax: 905-815-5130		Referral Source ☐ In-Patient ☐ Out-Patient	Please complete all fields and sign form. Missing or incomplete information will delay processing of referral
Personal Information			
Name of Patient		Gender: ☐ Male ☐ Female	
Health Card Number		Date of Birth	
Address			
Phone Number		Marital Status	
Person to Contact/Relationship to Patient (Mandatory)		Phone	Patient has been informed about referral: ☐ Yes ☐ No
Living Arrangements: ☐ Alone ☐ Spouse/Partner ☐ Family ☐ LTC Is CCAC Involved? ☐ Yes ☐ No		Language: _____ Is an interpreter required? ☐ Yes ☐ No	

Referral Information								
Referral Source: ☐ Physician Office ☐ Outreach Team ☐ ER ☐ LTC ☐ CCAC ☐ Inpatient ☐ Other: _____								
Referring Physician:		Phone:	Fax:					
Referring Physician Signature:		Date of Referral:	Billing Number:					
Name of Family Doctor		Phone:	Fax:					
Main Concerns: Please note – in order for referral to be processed in a timely manner, all information must be completed. _____ _____								
Check all applicable boxes ☐ Falls ☐ Failure to Cope ☐ Function Decline ☐ Mobility concerns ☐ Cognitive Impairment ☐ Caregiver Stress ☐ Polypharmacy ☐ Osteoporosis Mgmt ☐ Atypical fractures ☐ Multiple fractures ☐ Chronic Pain ☐ Other (specify): _____		Please select from the following: (Your referral will be triaged to the appropriate clinic) ☐ GERIATRIC ASSESSMENT – Comprehensive geriatric assessment (Geriatrician, Nurse Practitioner) Please indicate location preference: ☐ Oakville Trafalgar Memorial Hospital ☐ Milton District Hospital ☐ Georgetown Hospital ☐ URGENT GERIATRIC CARE CLINIC – Comprehensive geriatric assessment for more urgent Geriatric issues (Geriatrician, Nurse Practitioner) ☐ COMPLEX OSTEOPOROSIS CLINIC – Comprehensive skeletal assessment in the elderly with metabolic bone disease (Geriatrician, Nurse Practitioner, Physiotherapist) ☐ FALLS PREVENTION CLINIC / EXERCISE CIRCUIT - Consultation with Geriatrician, Nurse Practitioner and Physiotherapist in the Clinic. This is followed by a 6-week exercise/education program if eligibility criteria are met. (Client must be able to walk 25 meters and learn new information) ☐ PRE-OPERATIVE ASSESSMENT CLINIC – assessment with Nurse Practitioner and Geriatrician Please indicate reason for referral: ☐ Optimization prior to pending surgery ☐ Opinion of risks vs benefits of proceeding with surgical intervention ☐ GERIATRIC MEDICINE OUTREACH PROGRAM – home visits by Multidisciplinary Team, in collaboration with Geriatrician - PLEASE USE TRILLIUM SENIORS SERVICES REFERRAL FORM						
Urgency Of Referral	☐ Routine Assessment							
	☐ Crisis Intervention – Risk Factors: <table border="0" style="width: 100%;"> <tr> <td>☐ Recent Hospitalizations</td> <td>☐ ER Visits</td> <td>☐ Falls within 6 months</td> </tr> <tr> <td>☐ At Risk For LTC Placement</td> <td>☐ Failure to Thrive</td> <td>☐ Aggressive Behaviours</td> </tr> </table>			☐ Recent Hospitalizations	☐ ER Visits	☐ Falls within 6 months	☐ At Risk For LTC Placement	☐ Failure to Thrive
☐ Recent Hospitalizations	☐ ER Visits	☐ Falls within 6 months						
☐ At Risk For LTC Placement	☐ Failure to Thrive	☐ Aggressive Behaviours						
History								
Past Medical History: _____								
Specialists Involved In Care: _____								
Medications: _____								
Infection Control: Has the patient ever had any of the following infections (check all that apply)? ☐ MRSA ☐ VRE ☐ C. Difficile ☐ TB ☐ ESBL								

H3043