Halton Healthcare
GEORGETOWN • MILTON • OAKVILLE

Outpatient Specialized: Geriatric Services Referral

Address:	Referral Source	**Please complete all fields and sign form. Missing or incomplete information will delay processing of referral**
Oakville Trafalgar Memorial Hospital, 3001 Hospital Gate, Oakville, ON L6M 0L8 **Clinic Phone: 905-338-4362 Fax: 905-815-5130**	❒ In-Patient ❒ Out-Patient	

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:	❒ Recent Hospitalizations ❒ At Risk For LTC Placement	❒ ER Visits ❒ Failure to Thrive	❒ Falls within 6 months ❒ 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

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