

# REFERRAL FORM

|                            |                     |
|----------------------------|---------------------|
| First Name: _____          | Address: _____      |
| Last Name: _____           | _____               |
| Gender: _____              | City: _____         |
| DOB: _____ / _____ / _____ | Postal Code: _____  |
| dd mm yyyy                 | Phone: _____        |
| HCN: _____                 | Version Code: _____ |
| Family Physician: _____    |                     |

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Conduct call back with: ☐ Patient ☐ Alternate Contact ☐ Referrer (below)

Referrer Role: ☐ Family GP ☐ Nurse Practitioner ☐ ER Physician ☐ Other (specify): \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Organization: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Follow-up with me via: ☐ Phone/Voicemail ☐ Fax ☐ None OHIP Billing #: \_\_\_\_\_

**Comments:** (e.g. Why are you referring now? What has changed? Relevant history, medical and mental health issues, social issues, etc...)

Preferred Language: ☐ En ☐ Fr ☐ Other (specify): \_\_\_\_\_ Needs Interpreter: ☐ Yes ☐ No

Living Situation: ☐ Alone ☐ With spouse/family ☐ Supportive Housing ☐ Long Term Care Home ☐ Retirement Home

Has delirium been ruled out? ☐ Yes ☐ No

☐ Specialized Geriatric Mental Health Assessment    ☐ Specialized Geriatric Medicine Assessment    ☐ Community Responsive Behaviour Team

**Request a physician** (optional – normally the appropriate provider will be found by the SGS referral centre): \_\_\_\_\_

Please attach relevant **consult notes**, **diagnostic reports** (Labs, ECG, X-Rays) and **cumulative patient profile**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / 20  
dd mm yyyy

**Fax to: 1-888-205-1491**

## Specialized Geriatric Services



**You have been referred to these services**

**MH**

### ☐ **Specialized Geriatric Mental Health Assessment**

Provides comprehensive assessment of the older patient's mental health in order to provide accurate diagnosis and treatment options. Symptoms may include depression, dementia, psychosis and anxiety. Provides strategies for caregivers to cope.

**Med**

### ☐ **Specialized Geriatric Medicine Assessment**

Provides a geriatric assessment, diagnosis, and treatment recommendations. Typical concerns include balance and falls prevention, medication management, continence, and memory. Provides strategies for caregivers to cope.

**CRB**

### ☐ **Community Responsive Behaviour (CRB) Team**

Assesses people with cognitive impairment for specific responsive behaviours such as agitation, repetition, and wandering arising from dementia, mental health or addictions. Works collaboratively with caregivers to identify strategies to manage the behaviour and reduce risks.

Specialized Geriatric Services exist to help seniors with complex mental health or medical conditions. These services are provided by a team of experts including nurses, physicians, and therapists. Your care provider has referred you to the Specialized Geriatric Services checked off above.

## What Happens Next?

You can be referred to any of the above service categories. A service representative will call you to discuss your options within the next 7 days.

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### NOTES:

**Contact:** To find out more information about the status of your referral, or to request a referral, speak to the trusted care provider that gave you this brochure or contact the Specialized Geriatric Services Clinical Intake Service located at St. Joseph's Health Centre Guelph at 1-855-849-6228 (Toll Free).

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### Privacy Notice:

All personal information collected is kept confidential and is only used to refer you to the most appropriate service.

Waterloo Wellington SGS Clinical Intake Service is compliant with current privacy legislation. SGS Clinical Intake Service, in its role of clinical service coordination, collects personal information to facilitate assessment, treatment, research, legal and regulatory purposes. For questions or concerns, or if you wish to withdraw consent post referral, contact the Privacy Officer at 519.821.8089 ext 230.

Revised April 19, 2013