



SENIORS CONSULTATION TEAM – REFERRAL FORM

Please Note: We are not a Crisis or an Emergency Service

Reset Form



YES NO

REFERRAL DATE (DD/MMM/YYYY): _____

CLIENT NAME: _____ Sex: M F

D.O.B: _____ AGE: _____ PHIN #: _____ MHSC #: _____
(DD/MMM/YYYY)

ADDRESS: _____
(STREET#/ NAME/ BOX #) (TOWN/CITY) (PROVINCE) (POSTAL CODE)

HOME PHONE #: _____ CELL #: _____ PERMISSION TO LEAVE VOICEMAIL? YES NO

BEST METHOD OF CONTACT: _____ ABORIGINAL STATUS: YES NO

IS THE CLIENT AWARE AND AGREEABLE TO MENTAL HEALTH SERVICES? YES NO

NAME OF REFERRAL SOURCE: _____

SELF FAMILY PHYSICIAN _____ OTHER _____

REFERRAL SOURCE TELEPHONE #: _____ FAX #: _____

ADDRESS: _____
(STREET#/ NAME/BOX#) (TOWN/CITY) (PROVINCE) (POSTAL CODE)

INTERPRETATION SERVICES (available, if required): LANGUAGE: _____

CONTACT PERSON: _____ RELATIONSHIP: _____ PHONE: _____

ARE CONTACTS AWARE OF REFERRAL? YES NO TO ARRANGE APPOINTMENT, CALL: CLIENT OR CONTACT

LIVING ARRANGEMENT: ALONE FAMILY SUPPORTIVE HOUSING PERSONAL CARE HOME HOSPITAL

FACILITY NAME: _____ ADMISSION DATE TO FACILITY: _____

FAMILY PHYSICIAN: _____ PHONE: _____ FAX: _____

OTHER AGENCIES INVOLVED: (Home Care, Public Trustee, Psychiatry, etc.) _____

Does the client have a Substitute Decision Maker or Power of Attorney? Yes No Unsure

If yes, Name: _____ Phone (daytime): _____

If this is a mental health emergency please call the mental health crisis line at 1-888-617-7715 or proceed to your local hospital emergency department.

REASON FOR REFERRAL (check all that apply)

Geriatric Medicine

- Functional Decline
- Medication Management
- Weight Loss/Nutrition
- Incontinence
- Constipation
- Mobility/Gait
- Falls
- Psychosocial Decline
- Home Safety
- Pain
- Complex Medical Conditions

Associated Risk Factors

- Caregiver Burden/Stress
- Wandering/Exit Seeking
- Elder Abuse
- Suicidal Ideation/Attempts
- Aggressive Behavior
- Weight Loss

Other

- Driving
- Future Planning
- Competency Concerns (Specify)
- Acute Confusion/Delirium
- Cognitive Changes/Memory Loss
- Other: Please attach written documentation

Geriatric Mental Health

- Mental Health Issues/Diagnosis
- Hallucinations
- Delusions
- Substance Abuse/Misuse
- Depression
- Behavior Changes
- Dementia
- Housing/Squalor
- Agitation
- Mania
- Recent Personality Change
- Anxiety
- Memory Changes

Clinical Question for the Team:

DURATION OF PROBLEM: <2 weeks 2-4 weeks 4 weeks-6 months > 6 months

SIGNATURE OF PERSON COMPLETING THE REFERRAL: _____

Checklist of Documentation to Attach to Referral

<p>** Please forward most recent blood work and any investigations (e.g. CT scan, EKG) which have been completed.</p> <p>IF BLOODWORK/URINALYSIS HAVE NOT BEEN COMPLETED WITHIN THE PAST, WE RECOMEND THE FOLLOWING:</p>			
<input type="checkbox"/> CBC	<input type="checkbox"/> ELECTROLYTES	<input type="checkbox"/> LIVER FUNCTION: (AST, ALT, GGT, ALP, BILI)	
<input type="checkbox"/> CREATININE/BUN	<input type="checkbox"/> TSH	<input type="checkbox"/> ALBUMIN	<input type="checkbox"/> URINE, R&M AND C&S
<input type="checkbox"/> CALCIUM/MAGNESIUM/PHOSPHATE	<input type="checkbox"/> B12	<input type="checkbox"/> FASTING GLUCOSE	<input type="checkbox"/> FASTING LIPID PROFILE (if indicated)



Information Page Only

PLEASE ATTACH: (as relevant to reason for referral)

- Medical History
- Recent Progress Notes (detailing reason for referral)
- Medication Listing (MAR)
- Physician Reports/Letters
- Hospital Discharge Summary
- Specialist Consultation Reports
- Recent Bloodwork Reports
- Recent Urinalysis/Urine Culture Reports
- X-ray Reports
- Neuroimaging Reports
- Standardized Mini Mental Status Exam (SMMSE)
- Montreal Cognitive Assessment (MoCA)
- Geriatric Depression Scale (GDS)
- Functional Assessments
- Dementia Observation System (DOS)
- Cohen-Mansfield Agitation Inventory (CMAI)
- PIECES Assessment Worksheet

Geriatric Mental Health

Geriatric Mental Health focuses on assessment, diagnosis and treatment of complex mental health disorders uniquely occurring in late life.

Geriatric Medicine

Geriatric Medicine is the branch of medicine which is concerned with the prevention, diagnosis, treatment and social aspects of illness in older people.

Salem Behavioral Treatment Unit

BTU is a 9 bed Behavioral Treatment Unit that admits clients who are residents of or have been paneled for Personal Care Home with behaviors that pose a risk to themselves or others. It is considered a short term stay unit with an Interdisciplinary treatment team comprised of a Geriatric Psychiatrist, Physician, Psychologist, Psychiatric Nurses, and Resident Care Attendants.

Heritage Life Personal Care Home- Special Care Environment

Heritage Life Personal Care Home SCE is a 20 bed Special Care Unit. Residents must have a diagnosis of dementia whose behavioral disturbances impacts their ability to integrate safely into the general PCH environment. The SCE provides interdisciplinary resident focused care with a No-Forced Care Policy emphasizing behavioral management strategies.

**PLEASE FAX YOUR COMPLETED REFERRAL FORM, ALONG WITH ANY DOCUMENTATION TO:
1-204-346-9194**

****** Missing information will delay the referral process******



Ce document est aussi disponible en Français

(For internal use only) ASSIGNED TO: Geriatric Medicine: _____ Mental Health _____ BTU _____ SCE _____

**If this is a mental health emergency please call the mental health crisis line at
1-888-617-7715 or proceed to your local hospital emergency department.**