



**NORTH YORK GENERAL**

*Making a World of Difference*

**SPECIALIZED GERIATRIC SERVICES**

**REFERRAL FORM**  
**TEL: (416) 756-6871**  
**FAX: (416) 756-6438**

***Please include related consultation notes and/or lab results***



Name of Client \_\_\_\_\_  M  F

\_\_\_\_\_ *surname* \_\_\_\_\_ *first name*

Address \_\_\_\_\_ **ON**  
 \_\_\_\_\_ *Street Name and Number* \_\_\_\_\_ *Apartment* \_\_\_\_\_ *City* \_\_\_\_\_ *Prov.* \_\_\_\_\_ *Postal Code*

Phone # \_\_\_\_\_ **Marital Status** \_\_\_\_\_

Health Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **DOB** \_\_\_\_\_  
 \_\_\_\_\_ *version code* \_\_\_\_\_ *d / m / y*

Alternate Person for booking \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Is client/substitute decision maker agreeable to referral  Yes  No  Patient has provided verbal consent for SGS to contact alternate

**INSTRUCTIONS:** Please indicate reason(s) for referral, complete the medical information section and check preferred service. By completing this referral form, your patient will have access to specialized geriatric medicine and geriatric psychiatry services. Each referral will be triaged to the most appropriate service(s).

- REASON[S] FOR REFERRAL**  
 [check all that applies]
- Medical/Physical
    - Mobility
    - Falls
    - Incontinence
    - Delirium
    - Pain management
    - Medication/Polypharmacy
    - Sleep
    - Weight loss/nutrition
  - Cognitive/ Behavioural
    - Verbal/ Physical aggression
    - Cognition/Dementia
    - Delusions/ Hallucinations
    - Depression
    - Wandering
  - Psychosocial
    - Caregiver/Family issues
    - Elder Abuse
    - Social isolation
  - Functional
    - ADL/IADL Decline
    - Home safety
  - Other (please specify):-----

**MEDICAL INFORMATION**  
**Main Concern(s)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical History**  [documentation attached]

(please attach copy of Cumulative Patient Profile[CPP] if available)

\_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS**  [documentation attached]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- AMBULATORY SERVICES**
- Geriatric Day Hospital Interdisciplinary outpatient rehab and wellness program.
  - Geriatric Medicine Clinic Comprehensive assessment by geriatrician or COE and nurse.
  - Geriatric Psychiatry Clinic
    - Consult only (by Psychiatrist) OR
    - Consult & short term follow up
  - Memory Clinic Consult by interdisciplinary team & geriatric physician.
  - Geriatric Parkinson's Clinic Comprehensive assessment by physician & pharmacist.
    - Neurologist  COE
  - Parkinson's Education & Ex. Program Pharmacist/Physiotherapist consultation & group education.
  - Osteoporosis & Fracture Prevention Clinic Comprehensive assessment by geriatrician and a pharmacist/nurse
- OUTREACH SERVICES**
- Geriatric Medicine Outreach Team In home medical/functional assessment by a clinician &/or COE physician or NP
  - Geriatric Psychiatry Outreach Team short term in home geriatric psychiatry assessment for housebound patients

Name of Referring MD/NP (please print) \_\_\_\_\_ **Phone No.** \_\_\_\_\_

Signature of Referring MD/NP \_\_\_\_\_ **Date (d/m/y)** \_\_\_\_\_

Name of Family MD/NP (please Print) \_\_\_\_\_ **Phone No.** \_\_\_\_\_

Signature of Family MD/NP \_\_\_\_\_ **Date (d/m/y)** \_\_\_\_\_