West Park Geriatric Outpatient Services Referral Form

Fax: 416-243-3634 Email: GeriatricOP@Westpark.org

Patient/SDM/POA is aware and consents to referral and sharing of information: □ Yes □ No

Please note **we do not provide crisis services or urgent medical care**. Please direct your patient to other services if needed.

Name of patient (Last name/First name): _____

DOB (dd/mm/yyyy): _____

Gender: □ M □ F □ Other: _____

Street name and number: _____

City: _____

Province: _____

Postal Code: _____

Home phone: _____

Other phone: _____

Health Card Number: _____/_____/_____

Version Code: _____

Alternate Contact: _____

Phone number: _____

Relation to patient: _____

Who should be contacted first? □ Patient □ Alternate Contact

Preferred Language? □ English □ Other: _____ Interpreter required? □ Yes □ No _____

Lives alone □ Yes □ No If no, Lives with: _____ Marital status: □ Married □ Divorced □ Single □ Widowed □ Other: _____

Is the patient homebound? □ Yes □ No ***please see service description criteria***

Potential safety concerns for providers: □ N/A □ Smoking □ Pets □ Infestations □ Weapons □ Substance abuse □ Not sure □ Other: _____

Requested services:

Please note patients will be triaged to the most appropriate service(s) based on their needs and wait times.

□ Geriatric Interprofessional Assessment Clinic (Comprehensive Geriatric Assessment by Geriatrician and Interprofessional team in clinic setting)	□ Seniors Mental Health Outreach Service (Home based Mental Health Assessment and Support, Indirect psychiatry consultation)
□ Geriatric Day Hospital (Interprofessional Out-Patient Therapy)	□ Not sure/Other: _____

Reason(s) for referral (check all that apply)

Medical/Physical
- □ Mobility/Falls
- □ Frailty
- □ Polypharmacy/ Medication Issues
- □ Weight loss/Nutrition
- □ Incontinence (bladder/bowel)
- □ Sleep
- □ Pain Management
- □ Multiple Chronic Conditions

Cognitive/Behavioural
- □ Cognitive Decline
- □ Atypical Cognitive Changes, causes unclear
- □ Challenging Behaviours (ie. wandering, agitation, aggression, resistance to care, delusions/ hallucinations etc).

Functional
- □ ADL/IADL Decline
- □ Home Safety
- □ Driving Concerns

Psychiatric/Psychosocial
- □ Mood: Depression/Anxiety
- □ Specific Symptoms of Serious Mental Illness
- □ Psychiatric Medication Review
- □ Suicide/Self-Harm
- □ Bereavement
- □ Substance Abuse/Addictions
- □ Caregiver Stress/Family Issues
- □ Suspected Abuse/Neglect
- □ Social Isolation/Limited Supports
- □ Legal/Financial Issues
- □ Housing Concerns

Psychiatric Diagnosis: □ Yes □ No □ Unknown
If yes, please specify: _____
Psychiatrist name: _____

Other (Please specify):

Other Specialists involved in patient care: _____

Previously seen by a Geriatrician? □ Yes □ No
Details: _____

****We require Medical History and Medication List to process the referral***. Relevant consult notes and test results (MMSE, MOCA etc) are appreciated.

Main Concerns to be addressed:

Referring Source: □ GP/NP □ Specialist □ Family/Caregiver/SDM □ Self □ Hospital □ Agency/Other:_____

Name of Referring Source: _____

Tel #: _____

Fax #: _____

Name of GP: _____

Tel #: _____

Fax #: _____

Signature of referring physician: _____

Billing #: _____

Date: _____

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Referrals for all West Park's Geriatric Outpatient Services are processed through our central intake in order to connect patients with the most appropriate and timely care. Incomplete referrals will result in delay of services as they cannot be processed until all information is received.

We do not provide urgent medical care or crisis services. If your patient needs immediate assistance, please direct them to the nearest emergency department.

Service	Description	Catchment	Exclusion Criteria
Geriatric Interprofessional Assessment Clinic T: 416-243-3637	Comprehensive geriatric assessment for older adults with complex conditions associated with aging. Clinic geriatrician and interprofessional team work in partnership with the patients' primary care provider and provide ongoing follow-up as needed. Services include: care planning; health education and counseling to promote active living and maximize quality of life, referrals to other specialists or to home and community services. Common concerns: changes to memory, mood, or behaviour; mobility issues and falls; functional decline; medication review; weight loss/nutrition; incontinence; pain; caregiver support; multiple or complex medical issues (Parkinson's Disease, Osteoporosis, Anemia, Diabetes, Heart Failure etc). eConsults available. Adults 65+ or >65 with undiagnosed cognitive changes. A physician or NP referral is required.	No catchment in place.	Homebound; unable to attend appointments. Living in Long term care (LTC).
Seniors Mental Health Service (SMHS) T: 416-243-3732	In-home comprehensive mental health assessment for adults 60+ experiencing challenges such as: depressed mood, memory loss, and/or anxiety that is impacting performance of everyday activities. Services include: recommendations and care planning; links to other home and community mental health services; and health education and advocacy. Clinical staff consult with the team psychiatrist to develop an individualized care plan. Care planning can be coordinated with the family doctor and/or referral source / agency. Request for service can be made by individuals, physicians, or community service providers.	Steeles Ave W to St. Clair Ave W, between HWY 427 to Allen Road, **plus** South of St. Clair Ave W to Lake Ontario between Etobicoke Creek and Jane Street.	Living in LTC.
Geriatric Day Hospital T: 416-243-3638	Out-patient rehabilitation / therapy for older adults with complex health conditions requiring ***two*** or more of the following services: nursing (RN), physiotherapy, occupational therapy (OT), social work (SW). Appropriate for patients who are medically stable with physical/cognitive/psychosocial concerns who would benefit from individualized, goal-based programming. Patients requiring translation must have their own support. 1-3 sessions per week for a maximum of 10 weeks. Adults 65+ or <60 with cognitive concerns/MCI. Transportation is not provided. A physician or NP referral is required. Geriatrician consult as needed/determined by team.	No catchment in place.	Patients requiring: More than minimum assistance with mobility (patients requiring assist must be accompanied by a caregiver) or assistance with toileting; Patients living in Long-Term Care; Cognitive, physical, or medical difficulties that prevent participation in program activities; Previous day hospital admission in last 2 years or recent discharge from a rehabilitation program (in/out-patient) with no significant change in status. Lack of transportation.