north simcoe family health team

North Simcoe Family Health Team
Seniors Program

NSFHT Seniors Program Referral Form

Client Information
Name:
DOB:
HCN:
Address:

Phone #:

Date of Referral: _____
Family Physician: _____
Referred by: _____
Client aware of referral ☐ Yes ☐ No
Best Person to Contact: _____
Relation of contact person: _____
Contact Phone Number: _____

Please indicate below which service this patient is being referred for:

❑ **NSFHT Seniors Program (Comprehensive Geriatric Assessment & ongoing follow-up q 6-12 months)**

Program Criteria:
65+ years of age (or 55+ with geriatric syndromes)
Frailty score 4-6 (see on back)
AND two or more of the following:

- Recent onset physical, functional or cognitive decline
- Major changes in caregiver support required/caregiver stress
- Polypharmacy
- Recent fall/fear of falling
- 2+ emergency department visits within the last 3 months
- Unintentional weight loss

Please include a CPP, current medication, recent head CT/MRI (if available), recent bloodwork, previous cognitive testing scores, & geriatrician/neurology consult notes (if available).
Patients may have access to a virtual geriatrician consult after assessment by our interdisciplinary team.

❑ **Cognitive Assessment**

Client will be scheduled for a one-time cognitive assessment.
Assessments to be shared with referral source and primary care provider with patient consent.

❑ **Balance/Mobility Assessment**

65+ years of age (or 55+ with geriatric syndromes)
Patient has:

- Had a recent fall
- Fears falling
- Recent change in balance

❑ **Mobility Aid Assessment**

I am referring for:

- Assessment of mobility aid needed
- Assistance with funding for a 4 wheeled walker

(Can assist with MOH ADP funding for 4 wheeled walkers only)

Primary reason for referral:

INTERNAL REFERRALS (FHT): PLEASE SEND COMPLETED REFERRALS AS A TASK TO THE NSFHT SP TEAM
EXTERNAL REFERRALS: PLEASE FAX COMPLETED REFERRALS TO (705) 526-1205

north simcoe family health team

North Simcoe Family Health Team
Seniors Program

Clinical Frailty Scale*

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 **Managing Well** – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 **Mildly Frail** – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally Ill** - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

DALHOUSIE UNIVERSITY *Inspiring Minds*

<u>INTERNAL REFERRALS (FHT):</u> PLEASE SEND COMPLETED REFERRALS AS A TASK TO THE NSFHT SP TEAM

<u>EXTERNAL REFERRALS:</u> PLEASE FAX COMPLETED REFERRALS TO (705) 526-1205