



NSM SPECIALIZED GERIATRIC SERVICES PROGRAM Central Intake Referral Form

KEY INFORMATION

- We do **NOT** provide emergency or crisis services
- **FAX** completed referrals to **705-792-4614**
- Only fully completed referrals will be processed
- Questions? Call **SGS Intake Service 705-417-2192**

Client / Patient Information

Last Name (please print):

First Name (please print):

DOB (dd/mm/yyyy):

Address:

City/Town:

Postal Code:

Telephone #:

Preferred Language:

Interpreter Required: Yes No

Aboriginal Origin: Aboriginal Self-Identified Non-Aboriginal Unknown

Living Situation: Lives Alone With Spouse / Caregiver(s) Other (please identify):

Client Aware of Referral: Yes No

Gender:

Health Card (HC)#:

HC Version Code:

HC Province:

Alternate Phone #:

French Language Services Requested:

Yes No

Key Contact Information *For appointment set up

Who should we contact to gather additional information and book an appointment?

Patient SDM Other (please identify):

Primary Contact Name:

Telephone #:

Can we leave a voicemail?: Yes No

Relationship: Spouse Child Friend Other (please identify):

Any additional information about contacting the patient or key contact that we should know?

Referral Source Information

Name of Referring Source (please print):

Physician Nurse Practitioner Billing #:

Self Other (please identify):

Name of Referring Agency (please print):

NSM SGS Program Retirement Home ACE Unit Other (please identify):

Primary Care LTCH CCC Unit

HCC ED CCP Unit

CSS Hospital

Telephone #:

Fax #:

Referral signature:

Date (dd/mm/yyyy):

Submission of this referral form will be taken to explicitly mean that you have obtained appropriate permissions for releasing the information contained in this referral form to the NSM SGS program. If applicable, please include your organization's Consent to Release of Personal Health Information Form.

Primary Care Practitioner Information * To be completed if primary care practitioner NOT the referring source

Primary Practitioner Name (please print):

Primary Practitioner aware of referral ?:

Yes No

Telephone #:

Fax#:

Please **FAX** completed referrals to SGS Central Intake at 705-792-4614



Referral Information

NOTE:

- See following pages for service descriptions/ eligibility criteria.
- NSM SGS program reserves the right to engage other NSM SGS service(s) as appropriate to meet the patient's needs

Requested NSM SGS Service:

- Geriatric Medicine: Integrated Regional Falls Program (IRFP)**
 - Geriatric Mental Health: Behaviour Support System (BSS)**
* For Waypoint's Geriatric Psychiatry Community Consultation Service (formerly GPOT) or Horizon Inpatient Unit refer ONLY via Waypoint's Central Intake www.waypointcentre.ca/referrals or 705-549-3181 x 2308
 - Classroom Programming: Seniors CARE Exercise Program**
 As the referring MD/NP, I confirm this individual is medically clear to participate in the program
* Medical clearance required for participation
 - Level 1 Consult: GeriMedRisk**
* GeriMedRisk ALSO accessible via OTNhub eConsult service ("GeriMedRisk/ Geriatric Clinical Pharmacology" or "Geriatric Medication Provincial Group" specialty groups) or by calling 1-855-261-0508.
- Other Available NSM SGS Services:**
- **Level 1 Consult: Complex Case Resolution (CCR)**
* Refer ONLY via phone to SGS Central Intake - 705-417-2192
 - **Level 1 Consult: NSM SGS Specialist eConsult Service**
* Refer ONLY via OTNhub eConsult service ("North Simcoe Muskoka Specialized Geriatric Services" specialty group).

Patient Name:

Primary Reason for Referral:

Referral Information:
Why are you referring now? What has changed? Please provide as much detail as possible about the reason for referral:

- Risks:**
- No risks from this list are present**
 - Cognitive impairment/poor insight
 - Difficulty walking/transferring or recent falls
 - Five or more medications
 - Emergency Department (ED) use in the last 30 days or hospitalization(s) in the last 90 days
 - Risk of harm to self (*suicidal, self-neglect*)
 - Risk of harm to others (*homicidal ideation, physical aggression*)
 - Risk of harm from others (*due to responsive behaviour*)
 - Risk of abuse (*neglect, emotional, physical*)
 - Substance Abuse (*alcohol, smoking or other substances that places individual's safety at risk*)

- If available and appropriate, please attach the following information to help inform the referral:**
- Consult Note(s) / Specialist Report(s)
 - Results of previous cognitive and/or functional tests
 - Recent labs / Diagnostic Imaging
 - Current medication list
 - Other (*please identify*):

Please fax completed referrals to SGS Central Intake at 705-792-4614

