

Patient Label

# Seniors Services (Outpatient) Referral Form

Please Fax referral and related documents to 905-883-0772

**Please Note**

- We are **not** a crisis or emergency services.
- Ongoing medical care is the responsibility of the Family Physician, the clinician will provide a geriatric consultation and recommendations will be sent to the **Primary Physician** for their follow-up.

**INSTRUCTIONS:** Please indicate the preferred service, reason for referral, and complete the medical information section.

<b>Patient Name:</b> (Last, First Name)	<b>Date of Birth:</b> (dd/mm/yyyy)	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
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<b>Address:</b> (House Number and Name)	<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>	<b>Email:</b>
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<b>Home Phone:</b>	<b>Other Phone:</b>	<b>Language:</b>	<b>Health Card Number:</b>	<b>Version Code:</b>
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<b>Primary Contact:</b> (Last, First Name)	<b>Phone Number:</b>	<b>Relationship to Patient:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> POA <input type="checkbox"/> Other:	<b>Who should be contacted?</b> <input type="checkbox"/> Patient <input type="checkbox"/> Primary Contact
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Is the patient homebound?  Yes  No    Is the patient wheelchair bound?  Yes  No    Is the patient from?  LTC  Assisted Living  
 Is the patient driving?  Yes  No

Has the patient/SDM been informed and consented to referral?  Yes  No

**Medical Information**

<b>5 M's</b>	<b>Acute Decline?</b>	<b>Please provide a brief history of reason for referral/primary concern and comorbidities:</b>
<b>Medication</b> <input type="checkbox"/> Polypharmacy <input type="checkbox"/> Diagnosis of medical condition <input type="checkbox"/> Weight Loss <input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Mind</b> <input type="checkbox"/> Memory loss <input type="checkbox"/> Behaviors Related to Dementia <input type="checkbox"/> Sleep Issues and Anxiety <input type="checkbox"/> Difficulty with IADLs <input type="checkbox"/> New onset depression or late life depression <input type="checkbox"/> Wandering /Delusions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Mobility</b> <input type="checkbox"/> Recurrent Falls <input type="checkbox"/> Muscle Weakness <input type="checkbox"/> Difficulty with daily activities <input type="checkbox"/> Home safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Multicomplex</b> <input type="checkbox"/> Recent hospitalization(s) and ED visits <input type="checkbox"/> Lives at risk of safety concerns <input type="checkbox"/> Caregiver stress and burnout <input type="checkbox"/> Future Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Please Provide with Medical History:</b> <input type="checkbox"/> Hospital visits/ED Visit/Neuroimaging/significant investigation <input type="checkbox"/> Past Medical History <input type="checkbox"/> Medication List <input type="checkbox"/> Test results (including MMSE/MOCA scores, lab, imaging results) <input type="checkbox"/> Relevant consultation reports (e.g., cardiology, neurology, geriatrics, psychiatry, neuropsychology etc.) <input type="checkbox"/> Coordinated Care Plan/CCAC involvement <input type="checkbox"/> Has the patient been seen by another Geriatrician in the last 6 months
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<b>What Matters?</b> <input type="checkbox"/> Patient/Family goals: _____ _____ _____	<b>Safety concerns for home visit:</b> <input type="checkbox"/> Smoking <input type="checkbox"/> Pets <input type="checkbox"/> Infestations <input type="checkbox"/> Infections <input type="checkbox"/> Weapons <input type="checkbox"/> Substance abuse <input type="checkbox"/> Violence/abuse in the home <input type="checkbox"/> Other: _____
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**Appointments to be booked next available appropriate clinician (see reverse)**

<b>Referring Physician:</b> _____ <b>Signature of Referring Physician:</b> _____ <b>Billing number:</b> _____ <b>Phone #:</b> _____ <b>Fax #:</b> _____	<b>Family Physician if not Referring Physician:</b> _____ <b>Phone #:</b> _____ <b>Fax #:</b> _____
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## Seniors Services (Outpatient) - Important Information

- All referrals are processed and triaged through our central intake office. Please send all referrals to fax: 905-883- 0772
- If you have questions about the referral process, please call Geriatric Outreach Team at 905-883-1212 x3895, or Seniors Wellness Clinic at 905-883-1212 x3889
- We are not a crisis or emergency service. If your client needs immediate help please direct them to the nearest emergency room or call 911
- Incomplete referral will result in delays of service as they can not be processed until all information is received
- Here is the link to the RGP boundaries to help with directing referrals to the appropriate team: <https://www.rgptoronto.ca/services/map/>

### Mackenzie Health Geriatric Outpatient Services

Service	Description	Exclusion Criteria
<b>Geriatric Outreach Service</b>  Comprised of a team of a Physician, Nurse, PT, OT & SW	GOT is a <b>nonemergency</b> service for complex, frail, home bound seniors within our designated catchment area ( <a href="https://www.rgptoronto.ca/services/map/">https://www.rgptoronto.ca/services/map/</a> ). Clients are assessed by a member of the interdisciplinary team. Recommendations, education, and linkages to ongoing support services are then provided.	<ul style="list-style-type: none"> <li>• &lt;65- generally intended for senior greater than 80 years of age</li> <li>• Driving assessment</li> <li>• Active psychiatric issues (e.g. psychosis or mania require a referral to IPOP)</li> <li>• Capacity assessments</li> <li>• Substance abuse</li> </ul>
<b>Seniors Wellness Clinic</b>	Older adults in the community who have multiple or complex medical problems, functional decline and/or memory concerns.	<ul style="list-style-type: none"> <li>• &lt;65 except if concern of dementia and if Geriatrician agrees to accept patient</li> <li>• Capacity assessments</li> <li>• Home bound/ wheelchair bound</li> <li>• Patients outside of York Region</li> </ul>

### Below is a list of Community Resources that covers services NOT provided by Mackenzie Health Geriatric Outpatient Services

<b>LOFT Community Services Integrated Psychogeriatric Outreach Program (IPOP)</b>	The Integrated Psychogeriatric Outreach Program provides a comprehensive psychogeriatric assessment, treatment planning, and education to older adults (age 55+) who are experiencing a new or functional decline related to a mental health and/or cognitive concern. OTN consultation appointment with a Geriatric Psychiatrist are available.  For further information and referral form please contact BSO Central Access at 1-844-798-6920	<ul style="list-style-type: none"> <li>• &lt;55 years of age</li> <li>• Living in a long term care home</li> <li>• Living outside of York Region and/or South Simcoe</li> </ul>
<b>Ambulatory Mental Health Clinic</b>	Psychogeriatric Assessment Clinic: The Outpatient Psychogeriatric Assessment Clinic at Mackenzie Health Hospital provides comprehensive mental health assessment, treatment, and short-term	For assessments/treatment where concerns are related principally to: Adult ADHD, Chronic Pain, Primary Substance Abuse, Anger Management, Developmental Delay, Relationship

	<p>follow-up for seniors experiencing an acute mental illness. The following referral form MUST be filled out and faxed to 905-883-2139.</p> <p><a href="https://www.mackenziehealth.ca/staff-physicians/physicians-resource-centre/referral-and-consent-forms/2021/mental-health-adult-outpatient-referral-form.pdf">https://www.mackenziehealth.ca/staff-physicians/physicians-resource-centre/referral-and-consent-forms/2021/mental-health-adult-outpatient-referral-form.pdf</a></p>	<p>Counselling, Autism Spectrum Disorders, Eating Disorders, Domestic Sexual Trauma. Please refer to Mental Health Clinic for these concerns.</p>
<p><b>Memory Clinics</b>  (There is no memory clinic in York Region)</p>	<p>A multidisciplinary, community based, medical facility specializing in the diagnosis and treatment of Alzheimer’s disease and related disorders. We have one of the largest clinical trial programs for Alzheimer’s disease in the country.</p> <p>Please note that there is no Memory Clinic in York Region. There are several clinics that are near York Region:  <b>Baycrest Hospital-</b> <a href="https://www.baycrest.org/Baycrest/Healthcare-Programs-Services/Clinical-Services/Memory-Clinic">https://www.baycrest.org/Baycrest/Healthcare-Programs-Services/Clinical-Services/Memory-Clinic</a>  <b>North York General Hospital Memory Clinic-</b> <a href="https://www.nygh.on.ca/sites/default/files/2021-05/Referral%20form.pdf">https://www.nygh.on.ca/sites/default/files/2021-05/Referral%20form.pdf</a>  <b>Sunnybrook Health Sciences Centre Memory Clinic-</b> <a href="https://sunnybrook.ca/content/?page=bsp-memory">https://sunnybrook.ca/content/?page=bsp-memory</a>  <b>Toronto Memory Clinic-</b> <a href="https://www.torontomemoryprogram.com/information-for-physicians/">https://www.torontomemoryprogram.com/information-for-physicians/</a></p>	
<p><b>LOFT Behavioral Support</b></p>	<p>Provides person-centered, evidence based behavioural support services to older adults (age 55+) and their care partners who are experiencing <b>responsive behaviours</b> related to mental health, substance use, dementia and/or other neurological disorders living in the community.</p> <p>For further information and referral form please contact BSO Central Access at Integrated Psycho-Geriatric Outreach Program (IPOP) - Aurora 1-844-798-6920</p>	<ul style="list-style-type: none"> <li>• Living in a Long Term Care Home</li> <li>• &lt;55 years of age unless experiencing early on-set dementia</li> </ul>