Brock Community Health Centre

Geriatric Assessment Program and Behavioural Supports Ontario
39 Cameron Street W., PO Box 69
Cannington, Ontario L0E 1E0
T: 705.432.3322 #1 F: 705.432.3389

REFERRAL FORM

CLIENT INFORMATION

Client Name: _____ Date of Birth (D/M/Y): _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Alternate Phone: _____

Health Card #: _____ Interpreter required: ☐ No ☐ Yes Language: _____

Able to attend at clinic: ☐ Yes ☐ No Any transportation barriers? ☐ Yes (specify below) ☐ No

Lives Alone: ☐ Yes ☐ No (With Whom): _____ Driving Status: _____

Pharmacy: _____ Phone: _____ Fax: _____

CONTACT PERSON INFORMATION

Contact Name: _____ Relationship to Client: _____

Home Phone: _____ Alternate Phone: _____

Who should be contacted for appointment? ☐ Client ☐ Next of Kin/POA/SDM ☐ All

Alert – Do **NOT** call: _____ SDM Name, if applicable: _____

PRIMARY HEALTH CARE PROVIDER

MD/NP Name: _____

Address: _____ Phone: _____ Fax: _____

REASON FOR REFERRAL (Check all that apply):

☐ Multiple Complex Medical Problems
☐ At Risk/Has Experienced Falls
☐ Caregiver Stress/Situation
☐ Mental Health/Addictions
☐ Psychosocial Problems
☐ Altered Coping/Isolation
☐ Impaired Mobility
☐ Functional Decline
☐ Cognitive Decline
☐ Medication Assessment
☐ Safety Concerns
☐ Pain
☐ Weight Loss
☐ Incontinence

☐ Other (specify): _____

_____

RESPONSIVE BEHAVIOURS (Check all that apply):

☐ **Wanders (Explores) (aimless wandering, exit seeking, pacing, wandering in wheelchair):** Wanders aimlessly in and out of rooms; wanders and will leave immediate environment if not prevented; wanders halls but does not attempt to leave immediate environment; and exit seeks.

☐ **Hoarding/Collecting/Rummaging**: Hoards food or medication; collects objects which are lying around, but does not search others' belongings; and rummages others' belongings looking for food, medications or objects.

☐ **Agitated Behaviour:** State of restlessness, inability to relax, pacing; nagging, pleading, calling out; and repetitiveness, unrealistic fears.

☐ **Verbally Aggressive/Angry Behaviour (using obscenity, profanity, different from normal behaviour):** Displays anger or is verbally abusive in predictable situation, i.e., when provoked; and angry or verbally aggressive with no apparent provocation.

☐ **Physically Aggressive/Angry Behaviour (spitting, kicking, grabbing, pushing, throwing objects, hitting self/others):** Displays anger, physically aggressive in predictable situations, i.e., when provoked; and angry or physically aggressive with no apparent provocation.

☐ **Indiscriminate Ingestion of Foreign Substances**: Ingests, eats foreign substances; and ingests foreign substances/objects, requires frequent supervision.

☐ **Suspicious Behaviour (fear of abandonment or harm, stealing belongings and hiding objects, infidelity, etc.):** Occasionally suspicious of food or people; hallucinations - please describe; suspicious of most people/food but behaviour does not disrupt daily routine; and suspicious of most people/food to extent it interferes with daily routines, i.e., eating.

☐ **Sexual Behaviour (sexually suggestive remarks, grabbing, touching, exposing self in public, etc.):** Exposes self or makes unwelcome sexual remarks or gestures; and touches others in an unwanted sexual manner.

☐ **Resists Treatment or Refuses Care**: Resists or refuses but can be persuaded to comply; and resists or refuses and misses treatment as a result (e.g., refuses medications or therapies).

☐ **Low/Depressed Mood and/or Suicidal Behaviour:** Exhibits behaviour but participates in activities (no change in normal routine); exhibits behavior and refuses to participate/no interest (change from normal routine); verbalizes ideas of suicide, history of prior threats or attempts; verbalizes plan for suicide; and previous attempted suicide (indicate if and where resident was hospitalized).

☐ **Other:** Inappropriate elimination of stool/urine different from normal; substance misuse/abuse - illicit drugs, alcohol; unsafe smoker - smokes and puts out butts in non-designated areas; burns self/other, clothing and environment; hides cigarettes and lighter/matches, etc.; and undressing self in public.

☐ _____

_____

HEALTH INFORMATION/CONSENT (Please attach copies of the following as applicable):

☐ Medication List/Allergies/Drug Interactions ☐ Diagnostic Reports (Labs, CT Scan, MRI, ECG, X-rays)

☐ Consultation notes ☐ Client Agreed to Referral? ☐ Yes ☐ No

☐ Links/referrals to community agencies including geriatric services: _____

☐ Additional Comments: _____

REFERRAL SOURCE

☐ MD/NP ☐ Community ☐ Self-Referral ☐ Family ☐ Other: _____

Name: _____ Address: _____

Telephone: _____ Fax: _____