

AMBULATORY GERIATRIC SERVICES COMMON REFERRAL FORM

Name of Client: _____ M F
Surname First Name

Address: _____ **ON** _____
Street Name and Number Apt. City Prov Postal Code

Tel #: _____ **Lives Alone?** Yes No **Marital Status:** _____

Health Card #: ____/____/____ **DOB:** ____/____/____
Version Code dd/mm/yy

Alternate Contact: _____ **Relationship:** _____ **Tel #:** _____

Contact Person for Booking Appointment: _____ **Translator required?** Yes No
Language

Is client/substitute decision maker aware of referral? Yes No **Is patient homebound?** Yes No

Is CCAC involved? Yes No Unsure **If yes, Case Manager name:** _____ **Tel #:** _____

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|--|--|
| <p>REASON(S) FOR REFERRAL <i>(Check all that apply)</i></p> <p><input type="checkbox"/> Medical / Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mobility <input type="checkbox"/> Falls <input type="checkbox"/> Incontinence <input type="checkbox"/> Pain management <input type="checkbox"/> Medication / polypharmacy <input type="checkbox"/> Sleep <input type="checkbox"/> Weight loss / nutrition <p><input type="checkbox"/> Cognitive / Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> Delirium <input type="checkbox"/> Verbal / physical aggression <input type="checkbox"/> Cognition / dementia <input type="checkbox"/> Delusions / hallucinations <input type="checkbox"/> Depression <input type="checkbox"/> Wandering <p><input type="checkbox"/> Psychosocial</p> <ul style="list-style-type: none"> <input type="checkbox"/> Caregiver / family issues <input type="checkbox"/> Elder abuse <input type="checkbox"/> Social isolation <p><input type="checkbox"/> Functional</p> <ul style="list-style-type: none"> <input type="checkbox"/> ADL/IADL decline <input type="checkbox"/> Home safety <p><input type="checkbox"/> Other <i>(please specify):</i> _____</p> | <p>MEDICAL INFORMATION</p> <p>Main Concern(s) to be addressed:</p> <hr/> <p>Medical History <input type="checkbox"/> Documentation/notes attached</p> <hr/> <p>Medical History <input type="checkbox"/> Documentation/notes attached</p> <hr/> |
|--|--|

Name of Family MD: _____ **Tel #** _____ **Fax #** _____

Referring Source: _____ **Tel #** _____

Name of Referring Physician _____ **Tel #** _____ **Fax #** _____

Signature of Referral Physician *(if applicable)* _____ **Billing #** _____ **Date:** _____

Services Requested: _____

Hospital Requested: _____

Fax to a provider listed on the following pages.

RGP Geriatric Ambulatory Service Contact List

| HOSPITALS | GERIATRIC OUTREACH SERVICES | GERIATRIC DAY HOSPITALS | GERIATRIC OUTPATIENT CLINICS | OTHER OUTPATIENT SERVICES |
|---|---|---|---|--|
| Baycrest | T: 416 785-2488 F: 416 785-2409 | Wellness Path Program T: 416-785-2500 Ext. 2588 F: 416-785-2409 | Geriatric Assessment Clinic T: 416-785-2500 Ext. 2636 F: 416-785-2370 or 416-785-4226 | Psychogeriatric Services T: 416-785-2500 Ext. 2730 F: 416-785-2492 |
| Humber River Hospital | Geriatric Outreach Team T: 416-242-1000 Ext. 21817 / 21818 F: 416-242-1108 Geriatric Mental Health Outreach Team (LTC homes specified by the LHIN NYGH and all LTC's covered by HRH) T: 416-242-1000 Ext. 43097 | | Healthy Living Clinic T: 416-242-1000 Ext. 21800 F: 416-242-1058 | |
| Lakeridge Health Corporation | | | GAIN Clinic T: 905-576-8711 Ext. 4832 F: 905-743-5311 | |
| Mackenzie Health Richmond Hill Hospital | Geriatric Outreach Team T: 905-883-1212 Ext. 3895 F: 905-883-2016 | | Seniors Wellness Clinic T: 905-883-1212 Ext. 3889 F: 905-883-2181 Psychogeriatric Assessment Service T: 905-883-1212 Ext. 3361 F: 905-883-2139 | |
| Markham Stouffville Hospital | | | Seniors Health Clinic T: 905-472-7000 Ext. 7601 F: 905-472-7621 | |
| Michael Garron Hospital Toronto East Health Network | | | Geriatric Clinic T: 416-469-6031 F: 416-469-6458 | Psychogeriatric Services T: 416-469-6580 Ext. 6319 F: 416-469-6805 |
| North York General Hospital | Geriatric Medicine & Geriatric Psychiatry T: 416-756-6050 Ext. 8060 F: 416-756-3144 | T: 416 756-6050 Ext 8060 F: 416 756-3144 | Geriatric Memory Clinics T: 416 756-6050 Ext. 8060 F: 416 756-3144 | Parkinson Clinic/Parkinson Education Program & Osteoporosis Program T: 416-756-6050 Ext 8060 F: 416-756-3144 |
| Ontario Shores Centre for Mental Health Sciences | F: 905-430-4000 | | Geriatric Memory Clinic T: 905-668-2975 Ext. 226 Geriatric Mood Clinic F: 905-430-4000 | |
| Orillia Soldiers Memorial Hospital | | T: 705-325-2201 Ext. 3850 F: 705-330-3211 | | Geriatrician & Geriatric Psychiatry consultation via Telehealth T: 705-325-2201 Ext. 3850 / F: 705-330-3211 Integrated Regional Falls Program T: 705-325-2201 Ext. 3851 / F: 705-330-3205 |
| Providence Healthcare | Community Outreach Medication Management Service T: 416-285-3665 F: 416-285-3663 | | Geriatric Medicine Clinic Geriatric Psychiatry Clinic T: 416-285-3665 F: 416-285-3663 | Frailty Intervention Team (FIT) T: 416-285-3665 / F: 416-285-3663 Falls Prevention Clinic (Use GTA Rehab Network <i>Outpatient/Ambulatory Rehab Referral Form</i>) T: 416-285-3744 / F: 416-285-3759 |

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| Rouge Valley Health System Centenary Site | | | GAIN Clinic T: 416-281-7446 F: 416-281-7082 | Care After the Care in Hospital (CATCH) Centenary Site – T: 416-284-8131 Ext. 2120 F: 416-281-7224 Ajax/Pickering Site T: 905-683-2320 Ext. 5123 F: 905-428-5204 Psychogeriatric Outreach T: 416-284-8131 Ext. 5241 / F: 416-281-7320 |
| Royal Victoria Regional Health Centre | | | Urgent Geriatric Clinic T: 705-728-9090 Ext. 47378 | |
| Sinai Health System | | | Geriatric Medicine Clinic T: 416-586-4800 Ext. 8563 F: 416-586-3168 Geriatric Psychiatry Outpatient Assessment Clinic T: 416-586-4800 Ext. 5192 F: 416-586-3231 | Wellness Centre – Community Mental Health Program for Seniors & Caregivers T: 416-291-3883 Reitman Centre CARERS Program T: 416-586-4800 Ext. 5882 |
| Southeast / Unionville Home | T: 905-201-3389 F: 905-201-5580 | | | |
| Southlake Regional Health Centre | T: 905-895-4521 Ext. 6317 F: 905-853-2222 | | T: 905-895-4521 Ext. 6317 F: 905-853-2222 | |
| St. Joseph's Health Centre | | | Elderly Community Health Centre Geriatric Clinic T: 416-530-6043 | |
| St. Michael's Hospital | | | Geriatric Assessment Clinic T: 416-864-5015 F: 416-864-5735 | Memory Disorders Clinic T: 416-864-5015 Psychogeriatric Clinic T: 416-864-5320 / F: 416-864-5480 |
| Sunnybrook Health Sciences Centre | T: 416-480-6888 F: 416-480-4778 | T: 416-480-6888 F: 416-480-4778 | Geriatric Assessment Clinic T: 416-480-6888 F: 416-480-4778 | Falls Prevention Program T: 416-480-6888 F: 416-480-4778 |
| The Scarborough Hospital | GAIN Outreach T: 416-847-8941 F: 416-847-8942 T: 416-493-3333 Ext. 311 F: 416-352-5086 | | GAIN Clinic (General Site) T: 416-431-8200 Ext. 6355 F: 416-289-2961 | |
| Trillium Health Partners (serving the Mississauga Halton LHIN catchment area) | T: 416-521-4090 or 1-888-271-2742 F: 416-521-4116 | | Seniors' Health Clinic T: 416-521-4090 or 1-888-271-2742 / F: 416-521-4116 | Seniors' Mental Health Services T: 416-521-4006 / F: 416-521-4020 Falls T: 416-521-4090 or 1-888-271-2742 F: 416-521-4116 |

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| University Health Network - Toronto General - Toronto Western | | | | Memory Clinic (Toronto Western Site) T: 416-603-5232 / F: 416-603-6402 Late Life Affective Disorders Clinic (Toronto General Site) T: 416-603-5800 Ext. 6508 F: 416-603-5368 |
| University Health Network - Toronto Rehabilitation Institute | T: 416-597-3422 Ext. 3830 F: 416-597-7066 | T: 416-597-3422 Ext. 3065 F: 416-597-7066 | Geriatric Assessment Clinic T: 416-597-3422 Ext. 3065 F: 416-597-7066 | Falls Clinic T: 416-597-3422 Ext. 3065 F: 416-597-7066 |
| West Park Healthcare Centre | Geriatric Assess and Restore T: 416-243-3600 Ext. 4412 F: 416-243-3735 | | Geriatric Assess and Restore T: 416-243-3600 Ext. 4412 F: 416-243-3735 | Seniors Mental Health Services T: 416-243-3732 F: 416-243-3735 |
| William Osler Health System | T: 905-863-2573 F: 905-863-2545 | | Seniors' Wellness Clinics T: 905-863-2551 F: 905-863-2474 | Geriatric Mental Health Outpatient Clinic T: 905-494-2120 Ext. 29242 F: 905-863-2472 |
| Women's College Hospital | | | Wellness for Independent Seniors (WISE) Outpatient Clinic T: 416-323-6400 Ext. 8092 F: 416-323-7324 | |