GERIATRIC AMBULATORY ACCESS TEAM (GAAT) REFERRAL FORM

PHONE: 519-685-4046 Internal ext. 44046
FAX: 519-685-4020 Internal ext. 44020

ADDRESS: Geriatric Ambulatory Access Team
St. Joseph's Health Care London
P.O. Box 5777, STN B, London ON.
N6A 4V2

PATIENT INFORMATION			
Last name:	First name:	Gender:	Age:
Address:	Phone:	Date of birth: YYYY/MM/DD	Is interpreter required? Y / N Language:_____
Health card:	Version code:	Has client/family been informed of this referral? Y / N	

CONTACT INFORMATION:			
Primary contact:	Relationship to patient	Phone number #1	Phone number #2
Secondary contact:	Relationship to patient	Phone number #1	Phone number #2

GOALS/Reasons FOR REFERRAL (check all that apply):

Inter-program referral: Yes ☐ No ☐ Previously involved with our services: Yes ☐_____ No ☐

Is your patient interested in participating in clinical research? Yes ☐ No ☐ Don't know ☐

☐ Cognitive assessment/dementia	☐ Mobility and falls	☐ Caregiver ***stress/fatigue***
☐ Cognition/personality changes	☐ Multiple presentations to acute Care/ED	☐ Driving assessment
☐ Depression or anxiety	☐ Complex medical problems	☐ Third Age Outreach
☐ Behaviours associated with dementia	☐ Functional decline	☐ Family Health Team Memory Clinic Request
☐ Behavioural Response Team (BRT)	☐ Continence	☐ Other: (please describe) Ambulatory Exercise Program Socialization
☐ Suspected delirium	☐ Osteoporosis	
☐ Parkinson's disease	☐ Polypharmacy	
☐ Weight Loss/Gain		

Do you want this referral to go to a specific physician or service, and if so, who?

Please provide details regarding the primary goals for referral:

Please check off all community agencies with whom the patient has been linked.

☐ Alzheimer's Society First Link	☐ Police Services	☐ McCormick Dementia Services
☐ Behavioural Response Team	☐ Urgent Consultation Service, Mental Health, LHSC	☐ BSO Representative in LTC facility
☐ Canadian Mental Health Association	☐ SW LHIN Home and Community Care	☐ Other (please list here)
☐ Community Psychiatry Service		
☐ Reach Out		

Are there risk issues?

Ex.

☐ Suicidal/Homicidal Ideation

☐ Falls

☐ Home Safety Concerns

☐ Aggression

☐ Other _____

RELEVANT CLINICAL and HISTORY of Presenting Illness: Past medical history and **ACTIVE** problems. **Please include treatments or therapies trialed in past 6 months.**

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH THE REFERRAL:

1. **Medication list (including vitamins, OTCs and recent trials)**
2. **Recent lab work including:**
   CBC & diff., lytes, TSH, glucose, Vit B12, ionized calcium, creatinine, urea.

This list of blood work is recommended by the Canadian Consensus Guidelines on Dementia (Chertkow, H. et al., Jan. 29, 2008, CMAJ, Vol. 173, No.3) as the basic screening blood work for patients with cognitive impairment.

3. **All relevant consult notes, CTs, X-rays, MRIs, ECGs, Echo reports, BMDs (if not available through the London Hospital electronic records)**
4. **Copies of memory and mood screening completed in the past year.**

REFERRING PRACTITIONER INFORMATION

PRINT Physician/Nurse Practitioner name:			Physician/Nurse Practitioner SIGNATURE: (Not required if Referring to Third Age Outreach or Behavioural Response Team)
Office Address:			Billing number:
Phone:	Fax:	Date of referral:	Primary Care Practitioner (if other than referring practitioner):

WHAT HAPPENS NEXT?

We will contact you within **2 business days *** to confirm receipt of your referral and to request missing information. You will receive a notification of triage decision. **To expedite this process, please ensure that you have provided all requested clinical information and contact information with this referral.**

* If this is a BRT Referral, your patient will be contacted by a Registered Nurse within 2 business hours of receipt. Then the referral will be forwarded to the mobile team for prompt attention.

To find out about the status of your referral, please call 519 685 4046

Unless you tell us otherwise, your personal information and personal health information will be shared with health care providers at South West Local Health Integration Network Home and Community Care, London Health Sciences Centre, and St. Joseph's Hospice, who may become part of your health care team for the purpose of your continuing care.

Parkwood Institute is a smoke-free facility. This means there will be no smoking indoors or outdoors anywhere on the Parkwood Institute property, including in parking lots. Patients who wish to smoke must do so off the property.