Halton Healthcare
GEORGETOWN • MILTON • OAKVILLE

Outpatient Specialized Geriatric Services Referral

Address:	Referral Source	**Please complete all fields and sign form. Missing or incomplete information will delay processing of referral**
Oakville Trafalgar Memorial Hospital, 3001 Hospital Gate, Oakville, ON L6M 0L8 **Clinic Phone: 905-338-4362 Fax: 905-815-5130**	❒ In-Patient ❒ Out-Patient	

Personal Information

Name of Client		Gender: ❒ Male ❒ Female
Health Card Number		Date of Birth
Address		
Phone Number		Marital Status
Person to Contact/Relationship to client (Mandatory)	**Phone**	Client has been informed about referral ❒ Yes ❒ No
Living Arrangements: ❒ Alone ❒ Spouse/Partner ❒ Family ❒ LTC Is CCAC Involved? ❒ Yes ❒ No	Language: _____ Is an interpreter required? ❒ Yes ❒ No	

Referral Information

Referral Source: ❒ Physician Office ❒ Outreach Team ❒ ER ❒ LTC ❒CCAC ❒ Inpatient ❒ Other: _____

Referring Physician:	Phone:	Fax:
Referring Physician Signature:	Date of Referral:	Billing Number:
Name of Family Doctor	Phone:	Fax:

Main Concerns: Please note – in order for referral to be processed in a timely manner, all information must be completed.

_____

_____

Check all applicable boxes

❒ Falls
❒ Failure to Cope
❒ Function Decline
❒ Mobility concerns
❒ Cognitive Impairment
❒ Caregiver Stress
❒ Polypharmacy
❒ Osteoporosis Mgmt
❒ Atypical fractures
❒ Multiple fractures
❒ Other (specify):
_____

Assessment Clinics (Your referral will be triaged to the appropriate clinic by the Nurse Practitioner/Clinician)

- **Geriatric Assessment** – Comprehensive geriatric assessment with Geriatrician and/or Nurse Practitioner
- **Urgent Geriatric Care Clinic** – Comprehensive geriatric assessment by Geriatrician and/or Nurse Practitioner
- **Complex Osteoporosis Clinic** – Comprehensive skeletal assessment in the elderly with metabolic bone disease by Geriatrician and/or Nurse Practitioner and Physiotherapist
- **Falls Prevention Clinic/Exercise Program** – Consultation with Geriatrician and/or Nurse Practitioner and Physiotherapist in the Clinic. This is followed by a 6-week exercise/education program if eligibility criteria are met (client must be able to walk 25 meters and learn new information).
- **Regional Geriatric Medical Outreach Program** – In-home assessment by a Nurse Practitioner, Occupational Therapist, Social Worker and/or Pharmacist for housebound clients. This is followed by consultation with Geriatrician in the hospital.

Urgency Of Referral

❒ Routine Assessment

❒ Crisis Intervention – Risk Factors:
❒ Recent Hospitalizations ❒ ER Visits ❒ Falls within 6 months
❒ At Risk For Placement to Long-Term Care ❒ Failure to Thrive ❒ Aggressive Behaviours

History

Past Medical History:__ _____

Specialists involved in care: _____

Medications: _____

Infection Control: Has the client ever had any of the following infections (check all that apply)?

❒ MRSA ❒ VRE ❒ C. Difficile ❒ TB ❒ ESBL

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