North Simcoe Muskoka Specialized Geriatric Services

NSM Specialized Geriatric Services
Central Intake Referral Form

Phone: 705-417-2192 / Fax: 705-792-4614

Date: _____ Client Resides in LTC: ☐ Yes ☐ No

Client will be directed to the most appropriate service based on current geriatric concerns, wait times and urgency.
Client must score between 4-6 on the Clinical Frailty Scale to be eligible for service

CLINICAL FRAILTY SCALE ☐ 4-Very Mild Frailty ☐ 5-Mild Frailty ☐ 6-Moderate Frailty ☐ 7-9 Severe Frailty (BPSD only)

CLIENT INFORMATION: Person providing consent: ☐ Client ☐ Substitute Decision Maker (SDM)

Client/SDM is aware, agreeable and consents to referral?	☐ Yes	If No, unable to proceed with referral
Client/SDM consents to the collection, use and disclosure of personal health information with circle of care health services providers?		

Last Name	First Name	Gender	DOB

Address	City	Postal Code	Language

Health Card # with VC	Phone	Email

ALTERNATE CONTACT INFORMATION (required for referrals that designate cognitive symptoms)

Name:	Relationship to client:	Contact Number:

Please contact: ☐ Client ☐ Alternate Contact

PRIMARY REASON FOR REFERRAL: (written description required)

Additional Symptoms/Concerns:

☐ Falls / Mobility / Functional loss
☐ Parkinson's with cognitive impairment
☐ Lives alone with cognitive impairment
☐ Recurrent ED visits(*related to reason for referral)*
☐ Cognitive changes
☐ Behaviours associated with dementia
☐ Anxiety / mood
☐ Delusions / hallucinations
☐ Suicidal / homicidal ideation (not requiring emergent management)
☐ Medications / Polypharmacy (consider GMR referral below)
☐ Caregiver Stress
☐ Elder mistreatment suspected
☐ New/recent decline in symptoms

Urgent Risks: Must describe risk(s) above in reason for referral
*Clients with emergent risk should be directed to the Emergency Department or Emergency Medical Services (911)

☐ Not an Urgent Risk

☐ Imminent Safety Risk to self/others (fire, medications, physical expressions, firearms, wandering, neglect, etc.)
☐ High Risk Psychosis (receiving messages to harm self/others; delusional jealousy, acting on hallucinations, etc.)
☐ Suicidal / Homicidal ideation (plan but no intent OR intent but no ability to carry out plan)

PRIMARY CARE PROVIDER	OHIP Billing #:

Name:	Phone:	Fax:

REFERRAL SOURCE ☐ PRIMARY CARE PROVIDER AS ABOVE

Name	Referring Service:	Phone: Fax:

Signature

PROGRAM PREFERENCE:

Geriatric Mental Health Team
☐ Behavioural Support interdisciplinary team
☐ Geriatric Psychiatrist + interdisciplinary team
MD/NP referral required for Psychiatrist

Geriatric Medicine Team
☐ Interdisciplinary Team only (RN, OT, etc) - not a/v in all regions
☐ Geriatrician / Geriatric NP ± interdisciplinary team
MD/NP referral required Geriatrician

☐ Seniors C.A.R.E. Exercise Program
Confirmed has physical tolerance and cognitive ability to participate in group setting for both rehab and education/cognitive stimulation (1.5 h per class, up to 24 classes). Note any restrictions / considerations above.

☐ GeriMedRisk (GMR) *MD/NP referral required*
☐ Unsure, help me find the best service

Please include the following for specialist MD/NP referral - *if not complete within past last 6 months please order:*

CBC, lytes, Cr, Ca, TSH, Alb, B12 ECG, CT/MRI, BMD Previous cognitive tests
Cumulative Patient Profile (CPP) Current Med List Consult/Specialist Reports

Waypoint CENTRE for MENTAL HEALTH CARE CENTRE de SOINS de SANTÉ MENTALE

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Services Available Through NSM SGS Central Intake

Geriatric Mental Health: Behavioural Support Interdisciplinary Team	Behavioural management teams for community and LTCH provide specialized behavioural assessments, care planning, non-pharmacological interventions. Typical concerns: older adults experiencing expressive/responsive behaviour as a result of a cognitive impairment that can be related to neurocognitive disorder, mental illness, addictions and/or other neurological disorders.
Geriatric Mental Health: Geriatric Psychiatry **MD/NP referral required* Please note: • We do not accept referrals where the primary reason is for addiction services • We do not provide counselling services • Older adults without significant frailty may also be served by general psychiatry	Consultation service that provides comprehensive geriatric assessment and treatment recommendations for older adults living with complexity and frailty who are experiencing symptoms of serious mental illness. Typical concerns: • Serious Mental Illness diagnosis/treatment (major depression, anxiety disorders obsessive compulsive disorder / post traumatic stress disorder, bipolar disorder, schizophrenia) in an older adult living with frailty (CFS 4-6) • Diagnosis/management of neurocognitive disorder with prominent behavioural symptoms as the primary reason for consultation (e.g., behaviour variant frontal temporal dementia, dementia with prominent agitation, psychosis) • Consultation requesting diagnostic clarification for cognitive impairment in the setting of comorbid psychiatric illness
Geriatric Medicine **MD/NP referral required*	Provides medically complex older adults with comprehensive geriatric assessment, diagnosis, treatment, and follow-up. Typical concerns: • Chronic complex medical issues ± cognitive impairment, geriatric syndromes • Neurocognitive disorder diagnosis/management (especially in the setting of Parkinson's Disease/Parkinsonism, atypical presentation, complex comorbid medical issues) • Presence of other geriatric syndromes – falls, bone loss, continence, delirium, movement disorders, polypharmacy, frailty
Seniors C.A.R.E. Exercise Program **Referrals accepted from MD, NP, Regulated Health Professional*	A congregate rehabilitation program providing 1 hour seated or standing exercise followed by 30 mins. education/cognitive stimulation per class. Eligibility criteria: Older adults Clinical Frailty Scale 4-6; Risk of and/or experiencing functional loss with the potential to retain/regain some or all functional ability Expectation that particpants will attend class twice weekly for up to 24 classes and able to arrange transportation
GeriMedRisk **MD/NP referral required*	An interdisciplinary team with expertise in pharmacy, geriatric psychiatry, clinical pharmacology and geriatric medicine that provide support in managing medication/physical/mental health issues in older adults. GeriMedRisk specialist physicians do not see the patient over phone or video, but rather provide recommendations based on the information provided. Where appropriate, GeriMedRisk conducts a best possible medication history via phone with the patient/caregiver.

Specialized Geriatric Services do not offer assessments for legal purposes such as capacity assessments or on-road functional driving assessments.

For early onset cognitive impairment (i.e. <60yrs): Consider referral to a specialized memory clinc.

Clinical Frailty Scale (Rockwood *et al.*, 2005)

1-3. Not frail – May have multi-comorbidity but manages independently - Consider health promotion/chronic disease management approach

4. Very Mildly Frail - Multi-comorbidity with symptoms of slowing down/changing lifestyle to support independence

5. Mildly Frail - Requires support with IADLs

6. Moderately Frail - Requires support with IADLs and some ADLs

7-9 Severely Frail to Terminal– Completely dependent for all IADLs/ADLs – may be seen by Geriatric Mental Health Behavioural Support Interdisciplinary Team for Behavioural & Psychological Symptoms of Dementia – BPSD.

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