SAULT AREA HOSPITAL					
HOPITAL DE SAULT-SAINTE-MARIE					

ALGOMA SPECIALIZED GERIATRIC SERVICES

SAUCI-SAWIE-MARIE	REFERRAL FORM FAX: (705) 759-7997						Domographic Labol						
Please contact: ☐ Client ☐ Alternate Contact						Demographic Label							
If not indicated, only the	e client will be contacte	ed.											
Please check the red	quested service(s)	: (Service det	ails provide	ed on reverse) *	Physici	an or Nur	se Practitione	er referral	required fo	or service			
SAH Seniors Menta	al Health Services	SAH	Algoma G	Geriatric Clinic	С								
☐ Geriatric Menta	l Health Services	□ G	eriatric N	/ledicine *									
☐ Geriatric Psychi	atry Consult *												
The client needs will be a	assessed and the refer	ral may be re	directed to t	the most approp	riate of	the above	e listed service	es based o	n informat	ion gathere	ed.		
CLIENT INFORMAT	ION												
Last Name:	est Name: First			Name:				Gender: Pre			referred Language:		
Address:	City	:	Postal Code:				:	Age:	DOB (yyyy/mm/dd):				
Health Card:		Versio					: □Lives Alone □With spouse/family □Long Term Care lesidence □Supportive Housing □Other						
ALTERNATE CONTA	ACT INFORMATIO	N											
Alternate Contact	Name: Re	elationship	ionship to Client: Phone				Number #1			Phone Number #2			
REASON FOR REFER	RAL							_					
SAH Algoma Geriatric C If urgent (within 4 weeks), please call the clinic directly: (705) 759-3434 ext. 697													
Reason for referral	:												
Please include/atta	ich a detailed desc	cription an	d relevan	t clinical histo	ory:								
Physical Health:						Menta	Mental Health:						
Concerns:									□Der	aression (or anviety		
☐ Memory loss or new cognitive ☐ Caregiver stress/fatigue						☐ Depression or anxiety ple ED visits or ☐ Hallucinations/delusions							
i illipalitiiciit — — — — — — — — — — — — — — — — — —						calizations							
						personality							
impairment	nutritional concerns polyph					armacy							
☐ Functional decli		Incontine	ence		Other:								
Please attach the	• •	-	NADL ECO	C FCHO DNAF) DET	Doe	es client ha	ve a vali	d driver'	s license	? □Yes □No		
☐ Related consult notes ☐ CCTs, x-rays, MRI, ECG, ECHO, BMD, PFTs ☐ Cognitive and mood screening						Is client presently driving? ☐Yes ☐No							
REFERRING SOURCE							•	· ·					
Name (please print	t):		MD/NP S	Signature (<i>req</i>	uired	with exc	ception of S	MHS):	Date of F	Referral ()	yyyy/mm/dd):		
Organization:			Billing nu	ımber:		CPSO/C	ollege num	ber:	Phone:		Fax:		
Primary Care Pract		Commun	Community agencies with whom client is active:										
different than referring physician):			,				anadian Mental Health			☐Community Paramedicine			
		□Alzheir	ner Socie	ty	Asso	ciation			□Other	□Other:			

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Sault Area Hospital Seniors Mental Health Services

Sault Area Hospital Algoma Geriatric Clinic

Interdisciplinary Clinician-Led Team

Geriatrician-Led Interdisciplinary Team

Serves older adults with:

Catchment area:

Serves older adults with:

Complex needs associated with late onset or worsening mental health problems due to aging or geriatric complexity.

Algoma and Northern boarder of Algoma (on rare case)

Provides home/community visits including Long Term

Multiple and/or complex medical and psycho-social problems and possibility of decline in function and loss of independence, unmanaged geriatric syndromes.



Catchment area:

Algoma.

Provides home visits. No LTC visits.

Physician or Nurse Practitioner referral required for service.

Referrals accepted from anyone.

Exception: Physician or Nurse Practitioner referral required for Geriatric Psychiatry consultations.

Services:

Care visits

Geriatric Mental Health assessments and recommendations.

- Provide holistic assessment using standardized tools to assess older adults with complex mental health needs Address mental health concerns that may be affecting independence, activities of daily living, safety and relationships
- Provide short term support and education (Nursing, OT and Social Worker support services)
 Collaborate with client, caregivers, community agencies
- and health care providers
- Geriatric Psychiatry consultation for diagnosis and treatment recommendations (Only by NP/Physician

Group Sessions:

- Cognitive Behavioral Therapy (CBT)
 Blues Busters
- - (Please note that these sessions are not on-going therapy and only provided upon post-consultation recommendation)

Disclaimer: Due to high demand, new clients may be subject to a waitlist.

Services:

Comprehensive Geriatric Assessments (completed by Geriatrician).

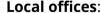
- Multidisciplinary diagnostic and treatment
- Identify medical, psychosocial, and functional limitations
 Provide coordinated treatment plan

- Comprehensive medication review (by referral and as pharmacist available/staffed) shared with primary care interdisciplinary intervention including OT and PT support
- OT home safety assessment
- Support services with Social Worker (not on-going therapy);
- Fitness to drive

Communication with and referrals to community care partners, follow-up with patients, reporting and collaboration with referring providers and community services, case management and go between for follow-up appointments.

Frail to Fit Program (after consult, as recommended) A multi-component group based falls prevention program developed according to best practices in falls prevention. Classes are led by the interdisciplinary team including a Physiotherapist and Occupational Therapist (exercise component + education component).

Disclaimer: Due to high demand, new clients may be subject to a waitlist.



Algoma Geriatric Services Office 341 Trunk Road Sault Ste. Marie

Local offices:

Algoma Geriatric Services Office 341 Trunk Road Sault Ste. Marie



