ALGOMA SPECIALIZED GERIATRIC SERVICES REFERRAL FORM

FAX: (705) 759-7997

Demographic Label

Please contact: ☐ Client ☐ Alternate Contact

If not indicated, only the client will be contacted.

Please check the requested service(s): **(Service details provided on reverse)** **** Physician or Nurse Practitioner referral required for service***

SAH Seniors Mental Health Services

☐ **Geriatric Mental Health Services**

☐ **Geriatric Psychiatry Consult ***

SAH Algoma Geriatric Clinic

☐ **Geriatric Medicine ***

Inpatient Referral: ☐Yes ☐No

Estimated Date of Discharge (for inpatients): _____

The client needs will be assessed and the referral may be redirected to the most appropriate of the above listed services based on information gathered.

CLIENT INFORMATION

Last Name:	First Name:	Gender:	Preferred Language:

Address:	City:	Postal Code:	Phone:	Age:	DOB (*yyyy/mm/dd*):

Health Card:	Version:	Living Situation: ☐Lives Alone ☐With spouse/family ☐Long Term Care ☐Retirement Residence ☐Supportive Housing ☐Other

ALTERNATE CONTACT INFORMATION

Alternate Contact Name:	Relationship to Client:	Phone Number #1	Phone Number #2

REASON FOR REFERRAL

If urgent (within 4 weeks), please call the clinic directly: **SAH Algoma Geriatric Clinic (705) 759-3434 ext. 6970** **SAH Seniors Mental Health (no urgent referrals)**

Reason for referral:

Please include/attach a detailed description and relevant clinical history:

Physical Health:	Mental Health:

Concerns:

- ☐ Memory loss or new cognitive impairment
- ☐ Complex medical problems
- ☐ Recurrent falls or new mobility impairment
- ☐ Functional decline
- ☐ Caregiver stress/fatigue
- ☐ Lives alone/limited social support
- ☐ Unintended weight loss/ nutritional concerns
- ☐ Incontinence
- ☐ Multiple ED visits or hospitalizations
- ☐ Medication concerns or polypharmacy
- ☐ Other: _____
- ☐ Depression or anxiety
- ☐ Hallucinations/delusions
- ☐ Changes in behaviour/ personality
- ☐ Mood changes/other mental health concerns

Please attach the following (if available):

- ☐ Related consult notes
- ☐ Medication list
- ☐CCTs, x-rays, MRI, ECG, ECHO, BMD, PFTs
- ☐Cognitive and mood screening

Does client have a valid driver's license? ☐Yes ☐No

Is client presently driving? ☐Yes ☐No

REFERRING SOURCE INFORMATION

Name (*please print):*	MD/NP Signature (*required with exception of SMHS*):	Date of Referral (*yyyy/mm/dd*):

Organization:	Billing number:	CPSO/College number:	Phone:	Fax:

<u>Primary Care Practitioner</u> (if different than referring physician):

Community agencies with whom client is active:

☐ Home & Community Care NE ☐ Alzheimer Society	☐ Canadian Mental Health Association	☐ Community Paramedicine ☐ Other:

Completed Referral Form must be faxed to the Geriatric Clinic at (705) 759-7997

Sault Area Hospital Seniors Mental Health Services

Interdisciplinary Clinician-Led Team

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

Catchment area:
Algoma and Northern boarder of Algoma (on rare case) virtually via OTN.

Provides home/community visits including Long Term Care visits.

Referrals accepted from anyone.
Exception: Physician or Nurse Practitioner referral required for Geriatric Psychiatry consultations.

Services:
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 referral)

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.

Local offices:
Algoma Geriatric Services Office
341 Trunk Road
Sault Ste. Marie

Sault Area Hospital Algoma Geriatric Clinic

Geriatrician-Led Interdisciplinary Team

Serves older adults with:
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.

Services:
Comprehensive Geriatric Assessments (completed by Geriatrician).

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

As needed:
- Comprehensive medication review (by referral and as pharmacist available/staffed) shared with primary care
- Interdisciplinary intervention including OT and PT support services
- 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.

Local offices:
Algoma Geriatric Services Office
341 Trunk Road
Sault Ste. Marie

Algoma Specialized Geriatric Services

This page is NOT part of the health record and does not require scanning.