

# AMBULATORY GERIATRIC SERVICES COMMON REFERRAL FORM

Name of Client: \_\_\_\_\_  M  F  Other \_\_\_\_\_

Surname

First Name

Trans (M→F)  Trans (F→M)

Address: \_\_\_\_\_ Street Name and Number \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ ON \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel #: \_\_\_\_\_ Lives Alone?  Yes  No Marital Status: \_\_\_\_\_

Health Card #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Version Code \_\_\_\_\_ DOB: \_\_\_\_\_ dd/mm/yy

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel #: \_\_\_\_\_

Contact Person for Booking Appointment: \_\_\_\_\_ Translator required?  Yes \_\_\_\_\_  No \_\_\_\_\_ Language \_\_\_\_\_

Is client/substitute decision maker aware of referral?  Yes  No Is patient homebound?  Yes  No

Is Ontario Health atHome?  Yes  No  Unsure If yes, Case Manager name: \_\_\_\_\_ Tel #: \_\_\_\_\_

<b>REASON(S) FOR REFERRAL</b> <i>(Check all that apply)</i>	<b>Indicate recent acute decline</b>
<input type="checkbox"/> <b>Medical / Physical</b> → <input type="checkbox"/> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mobility</li> <li><input type="checkbox"/> Falls</li> <li><input type="checkbox"/> Incontinence</li> <li><input type="checkbox"/> Pain management</li> <li><input type="checkbox"/> Medication / polypharmacy</li> <li><input type="checkbox"/> Sleep</li> <li><input type="checkbox"/> Weight loss / nutrition</li> </ul>	
<input type="checkbox"/> <b>Cognitive / Behavioural</b> → <input type="checkbox"/> <ul style="list-style-type: none"> <li><input type="checkbox"/> Delirium</li> <li><input type="checkbox"/> Verbal / physical aggression</li> <li><input type="checkbox"/> Cognition / dementia</li> <li><input type="checkbox"/> Delusions / hallucinations</li> <li><input type="checkbox"/> Depression</li> <li><input type="checkbox"/> Wandering</li> </ul>	
<input type="checkbox"/> <b>Psychosocial</b> → <input type="checkbox"/> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caregiver / family issues</li> <li><input type="checkbox"/> Elder abuse</li> <li><input type="checkbox"/> Social isolation</li> </ul>	
<input type="checkbox"/> <b>Functional</b> → <input type="checkbox"/> <ul style="list-style-type: none"> <li><input type="checkbox"/> ADL/IADL decline</li> <li><input type="checkbox"/> Home safety</li> </ul>	
<input type="checkbox"/> <b>Other (please specify):</b> _____	
<b>MEDICAL INFORMATION</b> <b>Main Concern(s) to be addressed:</b>	
<input type="checkbox"/> <b>Medical History</b> <input type="checkbox"/> All relevant documentation/notes to be attached	
<input type="checkbox"/> <b>Medication History</b> <input type="checkbox"/> Medication list incl vits, OTCs, recent trials attached	

<b>Urgency of Referral</b>	<input type="checkbox"/> Routine Assessment		
	<input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Recurrent ED visits <input type="checkbox"/> Atypical cognitive changes (cause unclear) <i>(select risk factors):</i> <input type="checkbox"/> Caregiver burnout <input type="checkbox"/> Recent acute decline as indicated in reason for referral		

Name of Family MD: \_\_\_\_\_ Tel # \_\_\_\_\_ Fax # \_\_\_\_\_

Referring Source: \_\_\_\_\_ Tel # \_\_\_\_\_

Name of Referring Physician: \_\_\_\_\_ Tel # \_\_\_\_\_ Fax # \_\_\_\_\_

Signature of Referral Physician *(if applicable)* \_\_\_\_\_ Billing # \_\_\_\_\_ Date: \_\_\_\_\_

Services Requested: \_\_\_\_\_

Hospital Requested: \_\_\_\_\_

**Fax to a provider listed on the following pages.**

*Revised: May 25, 2021*

## RGP Ambulatory Geriatric Services Contact List

HOSPITALS	GERIATRIC OUTREACH SERVICES	GERIATRIC DAY HOSPITALS	GERIATRIC OUTPATIENT CLINICS	OTHER OUTPATIENT SERVICES
<b>Baycrest</b>	T: 416 785-2488 F: 416 785-2409	Wellness Path Program T: 416-785-2500 Ext. 2588 F: 416-785-2409	Geriatric Assessment Clinic T: 416-785-2500 Ext. 2636 F: 416-785-2370 or 416-785-4226	Psychogeriatric Services T: 416-785-2500 Ext. 2730 F: 416-785-2492
<b>Humber River Hospital</b>	Geriatric Outreach Team T: 416-242-1000 Ext. 21817 / 21818 F: 416-242-1108  Geriatric Mental Health Outreach Team (LTC homes specified by the LHIN NYGH and all LTC's covered by HRH) T: 416-242-1000 Ext. 43097		Healthy Living Clinic T: 416-242-1000 Ext. 21800 F: 416-242-1058	
<b>Lakeridge Health</b>			GAIN Clinic T: 905-576-8711 Ext. 4832 F: 905-743-5311	
<b>Mackenzie Health Richmond Hill Hospital</b>	Geriatric Outreach Team T: 905-883-1212 Ext. 3895 F: 905-883-2016		Seniors Wellness Clinic T: 905-883-1212 Ext. 3889 F: 905-883-2181 Psychogeriatric Assessment Service T: 905-883-1212 Ext. 3361 F: 905-883-2139	
<b>Markham Stouffville Hospital</b>			Seniors Health Clinic T: 905-472-7000 Ext. 7601 F: 905-472-7621	
<b>Michael Garron Hospital   Toronto East Health Network</b>			Geriatric Clinic T: 416-469-6031 F: 416-469-6458	Psychogeriatric Services T: 416-469-6580 Ext. 6319 F: 416-469-6805
<b>North York General Hospital</b>	Geriatric Medicine & Geriatric Psychiatry T: 416-756-6871 F: 416-756-6438	T: 416-756-6871 F: 416-756-6438	Geriatric Memory Clinics T: 416-756-6871 F: 416-756-6438	Parkinson Clinic/Parkinson Education Program & Osteoporosis Program T: 416-756-6871 F: 416-756-6438
<b>Ontario Shores Centre for Mental Health Sciences</b>	F: 905-430-4000		Geriatric Memory Clinic T: 905-668-2975 Ext. 226 Geriatric Mood Clinic F: 905-430-4000	
<b>Orillia Soldiers' Memorial Hospital</b>		T: 705-325-2201 Ext. 3850 F: 705-330-3211		Geriatrician & Geriatric Psychiatry consultation via Telehealth T: 705-325-2201 Ext. 3850 / F: 705-330-3211 Integrated Regional Falls Program T: 705-325-2201 Ext. 3851 / F: 705-330-3205

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Scarborough Health Network - Centenary			GAIN Clinic T: 416-281-7446 F: 416-281-7082	Care After the Care in Hospital (CATCH) Centenary Site – T: 416-284-8131 Ext. 2120 F: 416-281-7224 Ajax/Pickering Site T: 905-683-2320 Ext. 5123 F: 905-428-5204 Psychogeriatric Outreach T: 416-284-8131 Ext. 5241 F: 416-281-7320
Royal Victoria Regional Health Centre			Urgent Geriatric Clinic T: 705-728-9090 Ext. 47378	
Sinai Health			Geriatric Medicine Clinic T: 416-597-3422 Ext. 3065 F: 416-597-7066 Geriatric Psychiatry Outpatient Assessment Clinic T: 416-586-4800 Ext. 5192 F: 416-586-3231	Wellness Centre – Community Mental Health Program for Seniors & Caregivers T: 416-291-3883 Reitman Centre CARERS Program T: 416-586-4800 Ext. 5882
Southeast / Unionville Home Society	T: 905-201-3389 F: 905-201-5580			
Southlake Regional Health Centre	T: 905-895-4521 Ext. 6317 F: 905-952-2453		T: 905-895-4521 Ext. 6317 F: 905-952-2453	
Sunnybrook Health Sciences Centre	T: 416-480-6888 F: 416-480-4778	T: 416-480-6888 F: 416-480-4778	Geriatric Assessment Clinic T: 416-480-6888 F: 416 480-4778	Falls Prevention Program T: 416-480-6888 F: 416-480-4778
Scarborough Health Network - General	GAIN Outreach T: 416-847-8941 F: 416-847-8942 T: 416-493-3333 Ext. 311 F: 416-352-5086		GAIN Clinic (General Site) T: 416-431-8200 Ext. 6355 F: 416-289-2961	
Trillium Health Partners (serving the Mississauga Halton LHIN catchment area)	T: 416-521-4090 or 1-888-271-2742 F: 416-521-4116		Seniors' Health Clinic T: 416-521-4090 or 1-888-271-2742 / F: 416-521-4116	Seniors' Mental Health Services T: 416-521-4006 / F: 416-521-4020 Falls T: 416-521-4090 or 1-888-271-2742 F: 416-521-4116

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<b>Unity Health Toronto - Providence</b>	Community Outreach Medication Management Service Referral Intake: T: 416-285-3744 F: 416-285-3759 To talk to a clinician: T: 416-285-3665		Geriatric Medicine Clinic Geriatric Psychiatry Clinic T: 416-285-3744 F: 416-285-3759 To talk to a clinician: T: 416-285-3665	Frailty Intervention Team (FIT) T: 416-285-3744 F: 416-285-3759 To talk to a clinician: T: 416-285-3665 Falls Prevention Clinic (Use GTA Rehab Network <i>Outpatient/Ambulatory Rehab Referral Form</i> ) T: 416-285-3744 / F: 416-285-3759 To talk to a clinician: T: 416-285-3665
<b>Unity Health Toronto - St. Joseph's</b>			Elderly Community Health Centre Geriatric Clinic T: 416-530-6043	
<b>Unity Health Toronto - St. Michael's</b>			Geriatric Assessment Clinic T: 416-864-5015 F: 416-864-5735	Memory Disorders Clinic T: 416-864-5015 Psychogeriatric Clinic T: 416-864-5320 / F: 416-864-5480
<b>University Health Network</b> - Toronto General - Toronto Western				Memory Clinic (Toronto Western) T: 416-603-5232 / F: 416-603-6402 Late Life Affective Disorders Clinic (Toronto General) T: 416-603-5800 Ext. 6508 F: 416-603-5368
<b>University Health Network</b> - Toronto Rehabilitation Institute	T: 416-597-3422 Ext. 3065 F: 416-597-7066	T: 416-597-3422 Ext. 3065 F: 416-597-7066	Geriatric Assessment Clinic T: 416-597-3422 Ext. 3065 F: 416-597-7066	Falls Clinic T: 416-597-3422 Ext. 3065 F: 416-597-7066
<b>West Park Healthcare Centre</b>			Geriatric Assess and Restore T: 416-243-3600 Ext. 2281 F: 416-243-3907	Seniors Mental Health Services T: 416-243-3732 F: 416-243-3735
<b>William Osler Health System</b>	T: 905-863-2573 F: 905-863-2545		Seniors' Wellness Clinics T: 905-863-2551 F: 905-863-2474	Geriatric Mental Health Outpatient Clinic T: 905-494-2120 Ext. 29242 F: 905-863-2472
<b>Women's College Hospital</b>			Wellness for Independent Seniors (WISE) Outpatient Clinic T: 416-323-6400 Ext. 8092 F: 416-323-7324	