



Intake and access of referrals is completed by St Thomas Elgin General Hospital (STEGH). All organizations listed may receive the patient's personal health information to determine the best geriatric service in accordance with the *Personal Health Information Protection Act (PHIPA)*.

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|--------------------------------------------------|-------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Surname | | Given name | | Gender | Has Patient/SDM consented to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: (must reside in Elgin county) | | Phone number 1 | Phone number 2 | Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No Language: | |
| Health card (including version code) | | Date of birth: <small>YYYY/MM/DD</small> | Person to contact about this referral <input type="checkbox"/> Patient <input type="checkbox"/> Alternate contact | | |
| Alternate Contact Name: | Relationship to patient | Phone number 1 | Phone number 2 | | |

Primary Reason for Referral (main clinical question/concern, presenting illness/diagnosis):

ELGIN GERIATRIC SERVICES include:

Geriatric Resource Nurse (in consultation with a Geriatrician), Behavioural Supports Ontario, Geriatric Psychiatry, Elgin Memory Clinic, Alzheimer Society Southwest Partners

Reasons for referral: (check ALL that apply)

- Cognitive Assessment/Memory concerns
- Functional Decline/Frailty
- Polypharmacy/Medication Review
- Mental Health Assessment/Psychiatry
- Responsive behavior(s) related to Dementia, Mental Health and/or Addictions causing distress to patient and/or caregiver(s). Please specify behavior(s) _____
- Support/Education for persons with mild cognitive impairment or dementia and their care partners
- Other (please specify): _____

If you are aware of any safety risks affecting a home visit, please specify: _____

ELGIN GERIATRIC SERVICES work in partnership with the GERIATRIC AMBULATORY ACCESS TEAM (GAAT) at St. Joseph's Health Care London for regional geriatric services not provided locally. *If your patient requires a regional service, your referral will automatically be forwarded by Elgin Geriatric Services to GAAT.*

Attachments (to assist with timely review of referral):

- Patient profile with medication list, consult notes, radiology reports, cognitive & mood tests

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|-----------------------------------------------------------------|-----|-----------------------------------------------------|--|
| Referral source (name, agency and address): | | Billing Number | |
| | | Primary Care Practitioner (if not referral source): | |
| Physician/Nurse Practitioner signature: (if referral source) | | Elgin SGS - Internal Use Only | |
| Phone | Fax | | |

Please fax completed referral to: 519-907-0313