

Program	Criteria – to be supported by the included with the referral documentation (clinical history, notes, reports, tests, meds)	Exclusion Criteria
Geriatric Medicine Clinic	Clients who reside within our catchment (401, St. Clair, Avenue Rd., Victoria Park Ave.) and require a comprehensive consultative assessment by a Geriatrician	Out of catchment, for the exception of the clients who have extensive history at SHSC
Geriatric Outreach Team - GORT	Clients who reside within our catchment (401, St. Clair, Avenue Rd., Victoria Park Ave.) and who are appropriate for the program: <ul style="list-style-type: none"> • are home-bound (because they have multiple or complex medical, functional, or social issues), and/or • are at risk of suffering adverse events, hospitalization, loss of function, or loss of independence, • and/or there are home safety concerns, • and/or caregiver stress/burnout 	Out of catchment because <ul style="list-style-type: none"> • GORT unfortunately does not have the resources and availability to go outside of our catchment, and • GORT would not be able to assist with direction /advice on the resources / services / programs outside of our catchment.
Falls Prevention Program - FPP	Clients who were referred by a Geriatrician, or SHSC Family Practice (only if there are adequate OT assessment notes or Care of the Elderly notes), or who were assessed and referred by the Falls Prevention Clinic or GORT, and who are appropriate for the program: <ul style="list-style-type: none"> • are prone to falls or had recent falls, and • can benefit from strengthening exercises + PT services + falls prevention education in a group setting, and • are able tolerate 1 hour of fast pace exercise and are not limited by pain/dizziness/SOB/low energy, and • are independent with all ADLs (bathing, dressing, toileting, feeding, transfers, ambulation), and • are cognitively intact or MCI (no dementia), and • need PT services only (no RT, OT, RT, SLP, SW, RN), and • if Berg score is available, it must be >43/56 • may use a walking aid (but no wheelchair) 	<ul style="list-style-type: none"> • Clients who cannot tolerate 1 hour of fast pace exercise in a group setting and/or • Clients with cognitive impairment or behaviour <i>that would prevent</i> their participation in a group setting programming
Geriatric Day Hospital - GDH	Clients who were referred by a Geriatrician, Neurologist, Geriatric Psychiatrist, GORT, SHSC Family Practice, ICT, GEM or other SHSC clinicians, other GDH sites/transfers, or other MDs/NPs (all must include recent geriatric care notes or assessment) and are appropriate for the program: <ul style="list-style-type: none"> • can benefit from multiple disciplines in a rehab group setting (PT, OT, RN, SLP, SW, RT) and <ul style="list-style-type: none"> - live with frailty following discharge from hospital and/or - are at risk of hospitalization due to complex medical issues 	<ul style="list-style-type: none"> • Clients who require two person assist • Clients with cognitive impairment or behaviour <i>that would prevent</i> their participation in a group setting programming • Clients who have completed the program within 1 year or less
Learning the ROPES - LTR	Clients with MCI who were referred by a Geriatrician, Neurologist, Geriatric Psychiatrist, GORT, SHSC Family Practice, or various SHSC clinicians and other MDs/NPs (all must include recent geriatric care notes or assessment), and are appropriate for the program, and who can benefit from improvement of cognitive health in a group setting through: <ul style="list-style-type: none"> • lifestyle choices, • memory training, • education, and • psychological support 	<ul style="list-style-type: none"> • Clients with markedly compromised independence in caring out daily responsibilities • Clients with dementia, delirium, CVA, TBI/ABI • Clients with MCI related to developmental, psychiatric, or reversible causes ruled out by physician