Sunnybrook HEALTH SCIENCES CENTRE

RGP REGIONAL GERIATRIC PROGRAM OF TORONTO

SPECIALIZED GERIATRIC SERVICES

2075 Bayview Ave, Toronto, ON, M4N 3M5, Tel: 416-480-6888, Fax: 416-480-4778

Client Information:

Surname:______________________First Name:________________________ Sex: ☐ M ☐ F Other:__________

Address:____Tel:________________

Email:_________________________Health Card:_____________________________MRN:_______________

Date of Birth (YYYY/MM/DD):_______________Who does the client live with?___________________________

Contact Person (re: booking appointment):

Name:__________________Relationship:____________Tel:________________ Email:____________________

Has the family been informed of the referral? ☐ Yes ☐ No Is the client homebound? ☐ Yes ☐ No

Does the client speak English? ☐ Yes ☐ No Translator required? ☐ Yes ☐ No Language:________________

Reason(s) for Referral

☐ Cognitive Impairment ☐ Depression

☐ Behavioural difficulties ☐ Home Safety

☐ Medication Review ☐ Falls/Mobility

☐ Weight loss/nutrition ☐ Pain

☐ Speech/communication ☐ Swallowing

☐ Sensory Impairment ☐ Incontinence

☐ Caregiver Stress

Main Concern(s):

Please attach:

☐ List of Medications

☐ Medical History

☐ Recent Consult Note(s)

Please Indicate Service:

☐ **Geriatric Medicine Clinic Consultation**
Comprehensive geriatric consultation

☐ **Geriatric Outreach Team (GORT)**
In-home comprehensive geriatric consultation
Safety concerns for clinician ☐ No ☐ Yes_____________________

☐ **Falls Prevention Program (FPP)**
Comprehensive falls assessment and outpatient therapy. Client must be cognitively intact.

☐ **Geriatric Day Hospital (GDH)**
Interdisciplinary assessment and outpatient therapy. Client must require at least two of the disciplines: PT, OT, RN, SLP, RT, SW. Exclusion criteria: client requiring two person assist and/or cognitive impairment or behaviour that would prevent participation.

☐ **Learning the ROPES (LTR) for Mild Cognitive Impairment**
Program focused on optimizing cognitive health through lifestyle choices, memory training, and psychosocial support. Exclusion criteria: clients with markedly compromised independence in caring out daily responsibilities.

* Geriatric Psychiatry is not a part of Specialized Geriatric Services. For Outpatient Geriatric Psychiatry, please phone 416-480-6833. If a patient is homebound, please phone 416-480-4663.

Referring Physician / NP

Name:__________________________Address:________________________________Tel:_______________

Signature:________________Billing #___________Referral Date:_________________Fax:_______________

Current Family Physician / NP (if different from the referring physician / NP) Tel:________________

Name:__________________________Address:________________________________Fax:_______________

We will contact your client / designate directly.