



fraserhealth

REFERRAL FORM SPECIALIZED SENIORS CLINIC Regional Older Adult Program



HXPX104426D

Rev: Oct 2014

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DATE:

CLINIC LOCATION: Please fax referral to the **PREFERRED** clinic (Refer to back page for clinic addresses)

<input type="checkbox"/> Abbotsford Clinic (ARHCC)	Fax to: (604) 851-4774
<input type="checkbox"/> Delta Clinic (DH)	Fax to: (604) 952-7362
<input type="checkbox"/> Mission Clinic (MMH)	Fax to: (604) 851-4774
<input type="checkbox"/> New Westminster Clinic	Fax to: (604) 528-5030
<input type="checkbox"/> Surrey Clinic (JPOCSC)	Fax to: (604) 582-4591
<input type="checkbox"/> White Rock (PAH)	Fax to: (604) 535-4587
<input type="checkbox"/> Family Physician/NP in agreement of referral	

**IMPORTANT: Please attach with referral
LAB RESULTS REQUIRED (within last 3 months):**

<input type="checkbox"/> CBC	<input type="checkbox"/> Electrolytes
<input type="checkbox"/> Creatinine	<input type="checkbox"/> TSH
<input type="checkbox"/> Calcium	<input type="checkbox"/> B12 <input type="checkbox"/> Albumin
<input type="checkbox"/> CT report or diagnostic tests (if available)	
<input type="checkbox"/> Medical History (include relevant consultation notes/investigations)	
<input type="checkbox"/> Current medication list (including prescription, over the counter medications, vitamins & herbal remedies)	

CLIENT INFORMATION: Please print clearly

Last Name: _____ First name: _____ Middle: _____
 Address: _____ City: _____ Postal Code: _____
 Home Phone: _____ Alternate Phone: _____
 PHN #: _____ Sex: M F DOB (d/m/y): _____
 Client/Family in agreement of referral Yes No Comments: _____
 Contact Person for Scheduling: _____ Phone: _____ Relationship: _____
 Primary Language: _____ Translator needed? Yes No

REFERRING SOURCE:

Primary Care/Family Physician Nurse Practitioner Specialist RN
 Mental Health & Addictions Home Health Other: _____
 Name: _____
 Phone: _____ Fax: _____

Family Physician (if different from referring source)

Name: _____
 Phone: _____
 Fax: _____

Client Location at Time of Referral: Community Emergency Department Acute Care Acute Care of Elder (ACE) Unit

Primary Reason for Referral (Choose 1 only)

Memory/cognitive changes Behavioral changes Multiple falls of unknown origin
 Change in function (ADL &/or IADL) (**specify**): _____
 Complex medical issues (**specify**): _____
 Failure to thrive (**specify**): _____
 Comments: _____

Secondary Reason(s) for Referral

Memory/cognitive changes Behavioral changes Falls or High Fall Risk Polypharmacy Wt. Loss/nutrition Depression
 Mood/anxiety changes Continence issues (urine/stool) Caregiver stress Need for social support
 Change in function (ADL &/or IADL): _____
 Failure to thrive (**specify**): _____
 Complex medical issues(**specify**): _____

Print Shop # 261929

REFERRAL FORM
SPECIALIZED SENIORS CLINIC Cont'd

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WHO CAN REFER TO THE CLINIC			
<ul style="list-style-type: none"> • Primary Care physician/family physician, nurse practitioner, specialist, registered nurse, allied health professional, Home Health and Mental Health & Addictions. 			
INCLUSION CRITERIA			
<ul style="list-style-type: none"> • Primary care physician/Family physician or Nurse Practitioner is in agreement with the referral to the Specialized Seniors Clinic • Resides in Fraser Health • Usually 65 years of age and older (or younger on a case-by-case basis) • An older adult with complicated health needs requiring a comprehensive interdisciplinary geriatric assessment • Mild to moderately frail 			
EXCLUSION CRITERIA			
<ul style="list-style-type: none"> • Requires competency assessment for medico-legal purposes (e.g. acquired brain injury) • Psychotic clients with primary psychiatric illness • Known to be actively suicidal • Residential care facility referrals will be considered on a case-by-case basis 			
Clinic	Location	Address	Clinic Phone
Abbotsford	Abbotsford Regional Hospital & Cancer Centre (ARHCC)	32900 Marshall Road Abbotsford, B.C. V2S 0C2	(604) 851-4775
Delta	Delta Hospital (DH)	5800 Mountain View Blvd. Delta, B.C. V4K 3V9	(604) 946-1121 Ext. 783062
Mission	Mission Memorial Hospital (MMH)	Contact address: 32900 Marshall Road Abbotsford, B.C. V2S 0C2	(604) 851-4775
New Westminster	New Westminster	#232- 230 Ross Drive, New Westminster, B.C. V3L 0B2	(604) 528-5031
Surrey	Jim Pattison Outpatient Care and Surgery Centre (JPOCSC)	9750 140th Street Surrey, B.C. V3T 0G9	(604) 582-4582
White Rock	Peace Arch Hospital (PAH), Berkeley Pavilion	15521 Russell Avenue White Rock, B.C. V4B 2R4	(604) 535-4577