



SPECIALIZED SENIORS CLINIC REFERRAL

(Please fax to the clinic CLOSEST to the client's community. See page 2)



Form ID: HXPX104426E

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Abbotsford Fax: 604-851-4774

Chilliwack Fax: 604-701-3649

Delta Fax: 604-940-8944

Hope/Fraser Canyon Fax: 604-869-9960

Mission Fax: 604-814-5518

Surrey Fax: 604-582-4591

New Westminster Fax: 604-528-5030

White Rock Fax: 604-535-4587

CLIENT INFORMATION

Name: _____	Gender: _____	Date of Birth (DD/MM/YY): _____
Address: _____ _____	Translator Needed: <input type="checkbox"/> Y <input type="checkbox"/> N	
	Language: _____	
	Home Phone: _____	
PHN: _____	Alternate Phone: _____	
Can client book own appointments? <input type="checkbox"/> Y <input type="checkbox"/> N <i>If No, please provide alternate contact information</i>		
Name: _____	Relationship: _____	Phone: _____
Next of Kin Name: _____	Relationship: _____	
Phone: _____	Permission to contact: <input type="checkbox"/> Y <input type="checkbox"/> N	

REASON FOR REFERRAL

Reason for Referral (Please attach consult letter & relevant test results): _____ _____	
<input type="checkbox"/> Recent lab results (CBC, Lytes, B12, Calcium, Albumin, Creatinine, GFR, TSH, & ECG within the last 3 months) attached <input type="checkbox"/> Imaging (i.e. CT, BMD) attached <input type="checkbox"/> Current Medication list <input type="checkbox"/> Allergies _____ <input type="checkbox"/> NKA <input type="checkbox"/> Consult ONLY <input type="checkbox"/> Consult and Directive Care • Would you be surprised if this client presented to hospital in the next month? <input type="checkbox"/> Y <input type="checkbox"/> N • Would you consider your client's gait speed to be very slow for their age? <input type="checkbox"/> Y <input type="checkbox"/> N • Is there concern for active TB in this client? If yes, please refer them back once the issue is resolved <input type="checkbox"/> Y <input type="checkbox"/> N	
CLINICAL FEATURES (for those checked off, please provide additional information) <input type="checkbox"/> Clinical Frailty Score (see page 2) _____ <input type="checkbox"/> Polypharmacy (5 or more medications) <input type="checkbox"/> Cognitive Issues: SMMSE _____ MOCA _____ <input type="checkbox"/> Behavioural Changes <input type="checkbox"/> Psychiatric History	<input type="checkbox"/> Contenance Issues: <input type="checkbox"/> Bowel <input type="checkbox"/> Bladder <input type="checkbox"/> Driving <input type="checkbox"/> Drug/Alcohol use <input type="checkbox"/> History of Falls <input type="checkbox"/> Functional Decline <input type="checkbox"/> Safety Issues
Current Services Involved: <input type="checkbox"/> Home Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Others _____	

REFERRING SOURCE

Family Physician/NP: _____	Phone: _____	Fax: _____
Referring Source: _____	Phone: _____	Fax: _____
(if different than Family Physician/NP)		
Referring Physician/NP/Clinician signature: _____	Referral Date: _____	

An Incomplete Referral will be sent back to the referring source--which may result in a delay for booking your patient.

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INCLUSION


- Resides in Fraser Health region
- 65 years or older (or younger on case by case basis)
- Family Physician / Nurse Practitioner is in agreement with the referral to the clinic
- Health needs are complicated and requires a comprehensive interdisciplinary geriatric assessment

EXCLUSION


- Requires competency assessment for medico-legal purposes
- Clients with primary psychiatric illness
- Known to be actively suicidal
- Residential care facility referrals - case by case basis
- Palliative clients

Dalhousie University: http://geriatricresearch.medicine.dal.ca/clinical_frailty_scale.htm


Clinical Frailty Scale




1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.




7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).




2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.




8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.



9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.




4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.

Scoring frailty in people with dementia


The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.



5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

Clinic Location	Address	Phone	Fax
Abbotsford	32900 Marshall Rd, Abbotsford BC V2S 0C2	604-851-4775	604-851-4774
Chilliwack	45600 Menholm Rd, Chilliwack BC V2P 2P7	604-701-3625	604-701-3649
Delta	#1826-4949 Canoe Pass Way, Delta, BC V4M 0B2	604-952-3558	604-940-8944
Hope/Fraser Canyon	222 Wallace St, Hope, BC V0X 1L0	604-869-9966	604-869-9960
Mission	7298 Hurd St, Mission, BC V2V 3H5	604-814-5170	604-814-5518
New Westminster	230A-230 Ross Drive, New West, BC V3L 0B2	604-528-5031 Press 1	604-528-5030
Surrey	9750 140th St, Surrey, BC V3T 0G9	604-582-4582	604-582-4591
White Rock	15521 Russell Ave, White Rock, BC V4B 2R4	604-535-4577	604-535-4587