



# SPECIALIZED SENIORS CLINIC REFERRAL



**\*\*Incomplete referrals will be returned to the referring source and may delay patient booking\*\***

### CLIENT INFORMATION

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ PHN: \_\_\_\_\_  
 Can client book own appointments?  Y  N *If No, please provide alternate contact information below*  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Permission to Contact:  Y  N Language: \_\_\_\_\_ Translator Needed:  Y  N

### REASON FOR REFERRAL Urgent Non Urgent

**Description**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Primary Reason:**  
 Cognitive Changes  
 Behavioural Changes related to dementia (BPSD)  
 Complex Medical Issues  
 Multiple Falls of Unknown Origin  
 Functional Changes  
 Other: \_\_\_\_\_

**Additional Factors:**  
 Psychiatric History  Polypharmacy  
 Continence Issues  Safety Issues (memory/cognitive changes/wandering)  
 Caregiver Stress

**\*\*Please note:** If primary reason for referral is alcohol/drug or mental health issues, patient should be referred to Older Adult Community Mental Health and Substance Use Services in their region\*\*

**Required Information:** Please attach relevant information listed below  
 Copy of relevant cognitive screening tests (e.g. Clock Drawing, MMSE, MoCA, RUDUS)  
 Recent Labs & Diagnostics (Within 3 months): CBC, Lytes, B12, Calcium, Albumin, Creatinine, GFR, TSH, & ECG  
 Relevant Imaging (e.g. CT head)  
 Current Medication List  
 Allergies: \_\_\_\_\_  NKA  
 Frailty Score (Please see attached Clinical Frailty Scale on page 2 for reference) \_\_\_\_\_

**Current Services Involved:**  Home Health  Mental Health  Other Services (specify): \_\_\_\_\_

### REFERRING SOURCE

GP/NP: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Referring Source: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
*(if different than GP/NP)*

Referring Physician/NP/Clinician Signature: \_\_\_\_\_ Referral Date: \_\_\_\_\_

## 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

## 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.



**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.



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



**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.



**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.



**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).



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



**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**.

### 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.

\* 1. Canadian Study on Health & Aging, Revised 2008.  
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005; 173:489-495.

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Source: Dalhousie University - [http://geriatricresearch.medicine.dal.ca/clinical\\_frailty\\_scale.htm](http://geriatricresearch.medicine.dal.ca/clinical_frailty_scale.htm)

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	604-701-3615	604-701-3649
Delta	#1826 - 4949 Canoe Pass Way, Delta, BC, V2P 2P7	604-952-3358	604-940-8944
Hope/Fraser Canyon	222 Wallace St, Hope, BC, V0X 1L0	604-869-9966	604-869-9960
Langley	22051 Fraser Highway, Langley, BC, V3A 4H4	604-539-4328	604-534-2191
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	604-587-6033
White Rock	15521 Russell Ave, White Rock, BC, V4B 2R4	604-535-4577	604-535-4587