GERIATRIC AMBULATORY ACCESS TEAM (GAAT) REFERRAL FORM

PHONE: 519-685-4046
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EMAIL: GeriatricAmbulatoryAccessTeam@sjhc.london.on.ca

ADDRESS: Parkwood Institute Main Building
St. Joseph's Health Care London
P.O. Box 5777, STN B, London ON.
N6A 4V2

PATIENT INFORMATION			
Last name:	First name:	Gender:	Age:
Address (***Include City***)	Phone:	Date of birth: YYYY/MM/DD	Is interpreter required? Y ☐ N ☐ Can friend/family interpret? Y ☐ N ☐ Language:_____
Health card:	Version code:	Has client/family been informed of this referral? Yes ☐ No ☐	

CONTACT INFORMATION:			
Primary contact:	Relationship to patient	Phone number #1	Phone number #2
Secondary contact:	Relationship to patient	Phone number #1	Phone number #2

Has your patient been involved with our services previously: Yes ☐ (Specify) _____ No ☐

Is your patient interested in participating in clinical research? Yes ☐ No ☐ Don't know ☐

REASONS for referral (check all that apply):

- ☐ Cognitive assessment/dementia
- ☐ Cognition/personality changes
- ☐ Depression or anxiety
- ☐ Behaviours associated with dementia
- ☐ Behavioural Response Team (BRT) (Please list behaviours below)
- ☐ Suspected delirium
- ☐ Mobility and falls
- ☐ Multiple presentations to acute Care/ED
- ☐ Complex medical problems
- ☐ Functional decline
- ☐ Weight Loss/Gain
- ☐ Polypharmacy
- ☐ Pain concerns
- ☐ Caregiver stress/fatigue
- ☐ Driving concerns
- ☐ Continence concerns
- ☐ Other: (please describe)

Primary GOAL of referral:
ie: medication review, CGA, cognitive assessment

Is there a preference for specific physician? If so, who? _____

Has there already been a conversation regarding consult? ☐ yes ☐ no

Is this referral for: ☐ medicine OR ☐ psychiatry?

Are there risk issues?

Ex.

- ☐ Suicidal/Homicidal Ideation – passive or previous attempt
- ☐ Falls
- ☐ Home Safety Concerns
- ☐ Aggression – physical or verbal
- ☐ Other _____

Please check off all community agencies with whom the patient has been linked.

☐ Alzheimer's Society First Link ☐ Behavioural Response Team ☐ Canadian Mental Health Association ☐ Community Psychiatry Service ☐ Reach Out	☐ Police Services ☐ Urgent Consultation Service, Mental Health, LHSC ☐ SW LHIN Home and Community Care	☐ McCormick Dementia Services ☐ BSO Representative in LTC facility ☐ Other (please list here)

RELEVANT CLINICAL and HISTORY of Presenting Illness: Past medical history and **ACTIVE** problems. **Please include treatments or therapies trialed in past 6 months.**

TO EXPEDITE THIS REFERRAL, PLEASE INCLUDE THE FOLLOWING INFORMATION:

1. **Current Medication list (including vitamins, OTCs and recent trials)**
2. **Include recent lab work, if not available through the London Hospital Electronic Record**
3. **All relevant consult notes, CTs, X-rays, MRIs, ECGs, Echo reports, BMDs (if not available on London Hospital Electronic Record)**
4. **Copies of mood screening, MOCA and/or MMSE completed in the past year**

REFERRING PRACTITIONER INFORMATION

PRINT Physician/Nurse Practitioner name:			**Physician/Nurse Practitioner SIGNATURE**: Required (Not required if Referring to Behavioural Response Team)
Office Address:			Billing number:
Phone:	Fax:	Date of referral:	Primary Care Practitioner (if other than referring practitioner)

WHAT HAPPENS NEXT?

We will contact you within **2 business days*** to confirm receipt of your referral and to request missing information.

Later, you will receive a notification of triage decision.

* If this is a BRT Referral, your patient will be contacted by a Registered Nurse within 2 business hours of receipt. The nurse will triage and forward the referral to the mobile team for prompt attention, as appropriate.

To find out about the status of your referral, please call 519 685 4046.

Unless you tell us otherwise, your personal information and personal health information will be shared with health care providers at South West Local Health Integration Network Home and Community Care, London Health Sciences Centre, and St. Joseph's Hospice, who may become part of your health care team for the purpose of your continuing care.

Parkwood Institute is a smoke-free facility. This means there will be no smoking indoors or outdoors anywhere on the Parkwood Institute property, including in parking lots. Patients who wish to smoke must do so off the property.