Saskatchewan
Health Authority

Geriatric Evaluation & Management Services
Saskatoon City Hospital
701 Queen Street
Saskatoon, SK S7K 0M7
P: 306-655-8925 | F: 306-655-8929
Email: GeriatricEvaluationandMgtServices@saskhealthauthority.ca

Geriatric Evaluation and Management Referral Form

CLIENT INFORMATION	REFERRAL SOURCE	
Name of Patient:	Referral Date:	
Health Card:	Referring MD/NP : (if not family physician)	
DOB: **Age:**	Family MD/NP:	
Address:	Clinic Address:	
City: **Postal Code:**	City:	
Phone: **Cell:**	Postal Code:	
Email:	Phone:	Fax:

LIVING ARRANGEMENTS	NOK/ EMERGENCY CONTACT
☐ Lives Alone ☐ with supports (i.e.: HomeCare)	**Name:**
☐ Lives with Spouse	**Relationship:**
☐ Lives with Family Members _____	
☐ Lives in PCH (list home name and number above)	**Phone/Cell:**
☐ Other:_____	**Email:**

Has the patient provided consent to contact family/caregiver(s) ☐Yes ☐No **If Yes,** Name Phone

***Contact to Arrange Appointment**: ☐Patient ☐NOK (above) ☐**Other** _____
Phone _____ **Cell** _____ **Email** _____

Patient is aware and agreeable to referral? ☐Yes ☐No_____

REASONS FOR REFERRAL

(Check all that apply)

Cognitive/Behavioral
☐Cognitive Changes
☐Depression/Anxiety
☐Verbal/Physical Aggression
☐Delusions/Hallucinations
☐Sleep

Psychosocial
☐Caregiver Stress
☐ Elder Mistreatment
☐ Social Isolation

Functional Decline
☐Mobility/Falls
☐Home Safety Concerns
☐Change in Function
☐Driving Concerns
☐Speech Difficulties
☐↑ ER Visits/Hospital Visits
☐Polypharmacy/Compliance
☐Weight Loss/Nutrition

Other: (specify)

PAST MEDICAL HISTORY / RECENT HOSPITALIZATIONS

REQUIRED INFORMATION (attach all relevant results, if available)

☐Relevant Specialist Assessments/Consultations/Discharge Summaries (e.g. Cardiology, Neurology, etc)
☐Previous Cognitive Testing (e.g. MMSE, EXIT25, mood screening)
☐Occupational/Physical Therapy Assessments
☐Social Information

Please arrange current lab work if not done within the last six months:
CBC & Differential, lytes, TSH, glucose, Vitamin B12, ionized calcium, creatinine, urea

FAX COMPLETED REFERRAL & ACCOMPANYING DOCUMENTATION TO (306) 655-8929

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Geriatric Evaluation & Management Services

- Aim to optimize independence, functioning and quality of life for older adults and to assist older adults in achieving the higher degree of health that is required to live within the community.
- Aim to assist in preventing or delaying hospitalization or institutional placement.
- Provide multidisciplinary assessment, treatment, care planning, health promotion and rehabilitative therapies to older adults living in the community.
- The patient's team may include Family Medicine, Nursing, Occupational Therapy, Physical Therapy, Social Work, Pharmacy, Recreation Therapy, Speech Language Pathology. Geriatric Medicine and/or Geriatric Psychiatry will be consulted as needed.

Who would benefit?

- Adults over the age of 65 living in the community, who are not acutely ill that have one or more of the following concerns; live at risk with increased use of preventable ER visits and hospitalizations, have had a recent decline in social, functional, cognitive and/or health status, a history of falls, have few social supports or have caregivers with high caregiver burden.
- Individuals should have problems in multiple domains and require assessment and care from more than one discipline.

Who can make a referral?

- Referrals are accepted from Family Physicians, Nurse Practitioners and Specialists.

What happens next?

- The completed referral will be screened and triaged to the most appropriate service based on current geriatric issues, wait times and urgency. The client could be seen by the multidisciplinary team in either an Outpatient Clinic appointment ***or*** the Day Hospital Program.
    - ***Day Hospital Program***
        - Provides individualized assessment, treatment and short-term rehabilitation in an outpatient setting.
        - Patients attend twice weekly for up to 8 weeks depending on the plan established.
        - Patients must be motivated and able to participate in a three hour therapeutic program and be able to retain new information.
    - ***Outpatient Clinic***
        - For rural patients and patients from Saskatoon and surrounding areas with mild impairment and those who would not be able to safely participate and be engaged in our Day Hospital program.
        - This is a single visit assessment with a full report provided to the family physician and other health care practitioners providing follow up.
        - Appointment could occur on-site at Saskatoon City Hospital or a home visit.
- A letter will be sent to the sending physician and patient acknowledging referral and plan.
- Should you have questions pertaining to the referral, please call the main office at 306-655-8925.

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