

GERIATRIC AMBULATORY ACCESS TEAM (GAAT) REFERRAL FORM

PHONE: 519-685-4046

ADDRESS: Parkwood Institute Main Building
FAX: 519-685-4020

London Hospitals #44020

St. Joseph's Health Care London
EMAIL: GeriatricAmbulatoryAccessTeam@sjhc.london.on.ca

P.O. Box 5777, STN B, London ON.

N6A 4V2

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PATIENT INFORMATION					
Last name:	First name:		Gender:	Age:	
Address (<i>Include City</i>)	Phone:	Date of birth:	Is interpreter required? Y N		
		YYYY/MM/DD	-	nily interpret? Y 🔲 N 🛚	
			Language:		
Health card:	Version code:	Has client/family been informed of this referral? Yes No			
CONTACT INFORMATION:			Yes N	NO	
Primary contact:	Relationship to patient	Phone number #1	Phone numb	ber #2	
Timary contact.					
Secondary contact:	Relationship to patient	Phone number #1	Phone numb	ber #2	
)			
Has your patient been involved wit	•			No 🗌	
Is your patient interested in partici	pating in clinical research	? Yes 🗌 No 🗀	Don't know	′ 🗆	
REASONS for referral (check all that	at apply):				
☐ Cognitive assessment/dementia	☐ Mobility an			☐ Polypharmacy	
☐ Cognition/personality changes	· ·	esentations to acut			
☐ Depression or anxiety	Care/ED		•	stress/fatigue	
☐ Behaviours associated with dem	•	edical problems	☐ Driving co		
☐ Behavioural Response Team (BR			□ Continence concerns		
(Please list behaviours below) Suspected delirium	☐ Weight Loss	s/Gain	□ Other: (p	☐ Other: (please describe)	
Primary GOAL of referral:					
ie: medication review, CGA, cognitive a	assessment				
, , ,					
Is there a preference for specific ph	nysician? If so, who?				
Has there already been a conversa	tion regarding consult?	yes no			
Is this referral for: medicine (_,			
Are there risk issues?	psychiaery.				
Ex.				_	
□ Suicidal/Homicidal Ideation – p	assive or previous attem	nt			
	assive of previous attent	ρι			
☐ Home Safety Concerns					
☐ Aggression – physical or verbal					
Other					

□ Behavioural Response Team □ Canadian Mental Health Association □ Community Psychiatry Service □ Reach Out □ Reach Out □ Care □ SW LHIN Home and Community □ Other (please list here) □ Care □ Other (please list here) □ Care □ TO EXPEDITE THIS REFERRAL, PLEASE INCLUDE THE FOLLOWING INFORMATION:						
Behavioural Response Team Gandian Mental Health Association Gcommunity Psychiatry Service Reach Out RELEVANT CLINICAL and HISTORY of Presenting Illiness: 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 name: Physician/Nurse Practitioner (if other than referring practitioner) WHAT HAPPENS NEXT? WHAT HAPPENS NEXT? WHAT HAPPENS NEXT? WHAT HAPPENS now personal information and personal health information will be shared with health care providers Unless you tell us otherwise, your personal information and personal health information will be shared with health care providers Unless you tell us otherwise, your personal information and personal health information will be shared with health care providers	Please check off all	community agencies	s with whom the	oatient has been linke	d.	
Ganadian Mental Health Association SW LHIN Home and Community Other (please list here)	☐ Alzheimer's Soc	iety First Link	☐ Police Serv	vices .	☐ McCormick Dem	entia Services
Community Psychiatry Service SW LHIN Home and Community Other (please list here) Care 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	☐ Behavioural Res	sponse Team	☐ Urgent Co	nsultation Service,	•	ive in LTC
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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		wish to smoke must do so o		J		· · · · · · · · · · · · · · · · · · ·