

AMBULATORY GERIATRIC SERVICES COMMON REFERRAL FORM

Name of Client: _____ ☐ M ☐ F ☐ Other _____

Surname

First Name

☐ Trans (M→F) ☐ Trans (F→M)

Address: _____
Street Name and Number
Apt.
City
ON
Prov
Postal Code

Tel #: _____ Lives Alone? ☐ Yes ☐ No Marital Status: _____

Health Card #: _____ / _____ / _____ DOB: _____
Version Code
dd/mm/yy

Alternate Contact: _____ Relationship: _____ Tel #: _____

Contact Person for Booking Appointment: _____ Translator required? ☐ Yes ☐ No
Language

Is client/substitute decision maker aware of referral? ☐ Yes ☐ No Is patient homebound? ☐ Yes ☐ No

Is Home & Community Care involved? ☐ Yes ☐ No ☐ Unsure If yes, Case Manager name: _____ Tel #: _____

REASON(S) FOR REFERRAL Indicate recent acute decline
(Check all that apply)

☐ Medical / Physical → ☐

☐ Mobility

☐ Falls

☐ Incontinence

☐ Pain management

☐ Medication / polypharmacy

☐ Sleep

☐ Weight loss / nutrition

☐ Cognitive / Behavioural → ☐

☐ Delirium

☐ Verbal / physical aggression

☐ Cognition / dementia

☐ Delusions / hallucinations

☐ Depression

☐ Wandering

☐ Psychosocial → ☐

☐ Caregiver / family issues

☐ Elder abuse

☐ Social isolation

☐ Functional → ☐

☐ ADL/IADL decline

☐ Home safety

☐ Other *(please specify)*: _____

MEDICAL INFORMATION

Main Concern(s) to be addressed:

Medical History ☐ All relevant documentation/notes to be attached

Medication History ☐ Medication list incl vits, OTCs, recent trials attached

Urgency of Referral

☐ Routine Assessment

☐ Crisis Intervention
(select risk factors):

☐ Recurrent ED visits

☐ Atypical cognitive changes (cause unclear)

☐ Caregiver burnout

☐ Recent acute decline as indicated in reason for referral

Name of Family MD: _____ Tel # _____ Fax # _____

Referring Source: _____ Tel # _____

Name of Referring Physician _____ Tel # _____ Fax # _____

Signature of Referral Physician *(if applicable)* _____ Billing # _____ Date: _____

Services Requested: _____

Hospital Requested: _____

Fax to a provider listed on the following pages.

Revised: May 25, 2021

RGP Ambulatory Geriatric Services Contact List

HOSPITALS	GERIATRIC OUTREACH SERVICES	GERIATRIC DAY HOSPITALS	GERIATRIC OUTPATIENT CLINICS	OTHER OUTPATIENT SERVICES
Baycrest	T: 416 785-2488 F: 416 785-2409	Wellness Path Program T: 416-785-2500 Ext. 2588 F: 416-785-2409	Geriatric Assessment Clinic T: 416-785-2500 Ext. 2636 F: 416-785-2370 or 416-785-4226	Psychogeriatric Services T: 416-785-2500 Ext. 2730 F: 416-785-2492
Humber River Hospital	Geriatric Outreach Team T: 416-242-1000 Ext. 21817 / 21818 F: 416-242-1108 Geriatric Mental Health Outreach Team (LTC homes specified by the LHIN NYGH and all LTC's covered by HRH) T: 416-242-1000 Ext. 43097		Healthy Living Clinic T: 416-242-1000 Ext. 21800 F: 416-242-1058	
Lakeridge Health			GAIN Clinic T: 905-576-8711 Ext. 4832 F: 905-743-5311	
Mackenzie Health Richmond Hill Hospital	Geriatric Outreach Team T: 905-883-1212 Ext. 3895 F: 905-883-2016		Seniors Wellness Clinic T: 905-883-1212 Ext. 3889 F: 905-883-2181 Psychogeriatric Assessment Service T: 905-883-1212 Ext. 3361 F: 905-883-2139	
Markham Stouffville Hospital			Seniors Health Clinic T: 905-472-7000 Ext. 7601 F: 905-472-7621	
Michael Garron Hospital Toronto East Health Network			Geriatric Clinic T: 416-469-6031 F: 416-469-6458	Psychogeriatric Services T: 416-469-6580 Ext. 6319 F: 416-469-6805
North York General Hospital	Geriatric Medicine & Geriatric Psychiatry T: 416-756-6871 F: 416-756-6438	T: 416-756-6871 F: 416-756-6438	Geriatric Memory Clinics T: 416-756-6871 F: 416-756-6438	Parkinson Clinic/Parkinson Education Program & Osteoporosis Program T: 416-756-6871 F: 416-756-6438
Ontario Shores Centre for Mental Health Sciences	F: 905-430-4000		Geriatric Memory Clinic T: 905-668-2975 Ext. 226 Geriatric Mood Clinic F: 905-430-4000	
Orillia Soldiers' Memorial Hospital		T: 705-325-2201 Ext. 3850 F: 705-330-3211		Geriatrician & Geriatric Psychiatry consultation via Telehealth T: 705-325-2201 Ext. 3850 / F: 705-330-3211 Integrated Regional Falls Program T: 705-325-2201 Ext. 3851 / F: 705-330-3205

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Scarborough Health Network - Centenary			GAIN Clinic T: 416-281-7446 F: 416-281-7082	Care After the Care in Hospital (CATCH) Centenary Site – T: 416-284-8131 Ext. 2120 F: 416-281-7224 Ajax/Pickering Site T: 905-683-2320 Ext. 5123 F: 905-428-5204 Psychogeriatric Outreach T: 416-284-8131 Ext. 5241 F: 416-281-7320
Royal Victoria Regional Health Centre			Urgent Geriatric Clinic T: 705-728-9090 Ext. 47378	
Sinai Health			Geriatric Medicine Clinic T: 416-597-3422 Ext. 3065 F: 416-597-7066 Geriatric Psychiatry Outpatient Assessment Clinic T: 416-586-4800 Ext. 5192 F: 416-586-3231	Wellness Centre – Community Mental Health Program for Seniors & Caregivers T: 416-291-3883 Reitman Centre CARERS Program T: 416-586-4800 Ext. 5882
Southeast / Unionville Home Society	T: 905-201-3389 F: 905-201-5580			
Southlake Regional Health Centre	T: 905-895-4521 Ext. 6317 F: 905-952-2453		T: 905-895-4521 Ext. 6317 F: 905-952-2453	
Sunnybrook Health Sciences Centre	T: 416-480-6888 F: 416-480-4778	T: 416-480-6888 F: 416-480-4778	Geriatric Assessment Clinic T: 416-480-6888 F: 416 480-4778	Falls Prevention Program T: 416-480-6888 F: 416-480-4778
Scarborough Health Network - General	GAIN Outreach T: 416-847-8941 F: 416-847-8942 T: 416-493-3333 Ext. 311 F: 416-352-5086		GAIN Clinic (General Site) T: 416-431-8200 Ext. 6355 F: 416-289-2961	
Trillium Health Partners (serving the Mississauga Halton LHIN catchment area)	T: 416-521-4090 or 1-888-271-2742 F: 416-521-4116		Seniors' Health Clinic T: 416-521-4090 or 1-888-271-2742 / F: 416-521-4116	Seniors' Mental Health Services T: 416-521-4006 / F: 416-521-4020 Falls T: 416-521-4090 or 1-888-271-2742 F: 416-521-4116

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Unity Health Toronto - Providence	Community Outreach Medication Management Service Referral Intake: T: 416-285-3744 F: 416-285-3759 To talk to a clinician: T: 416-285-3665		Geriatric Medicine Clinic Geriatric Psychiatry Clinic T: 416-285-3744 F: 416-285-3759 To talk to a clinician: T: 416-285-3665	Frailty Intervention Team (FIT) T: 416-285-3744 F: 416-285-3759 To talk to a clinician: T: 416-285-3665 Falls Prevention Clinic (Use GTA Rehab Network <i>Outpatient/Ambulatory Rehab Referral Form</i>) T: 416-285-3744 / F: 416-285-3759 To talk to a clinician: T: 416-285-3665
Unity Health Toronto - St. Joseph's			Elderly Community Health Centre Geriatric Clinic T: 416-530-6043	
Unity Health Toronto - St. Michael's			Geriatric Assessment Clinic T: 416-864-5015 F: 416-864-5735	Memory Disorders Clinic T: 416-864-5015 Psychogeriatric Clinic T: 416-864-5320 / F: 416-864-5480
University Health Network - Toronto General - Toronto Western				Memory Clinic (Toronto Western) T: 416-603-5232 / F: 416-603-6402 Late Life Affective Disorders Clinic (Toronto General) T: 416-603-5800 Ext. 6508 F: 416-603-5368
University Health Network - Toronto Rehabilitation Institute	T: 416-597-3422 Ext. 3065 F: 416-597-7066	T: 416-597-3422 Ext. 3065 F: 416-597-7066	Geriatric Assessment Clinic T: 416-597-3422 Ext. 3065 F: 416-597-7066	Falls Clinic T: 416-597-3422 Ext. 3065 F: 416-597-7066
West Park Healthcare Centre			Geriatric Assess and Restore T: 416-243-3600 Ext. 2281 F: 416-243-3907	Seniors Mental Health Services T: 416-243-3732 F: 416-243-3735
William Osler Health System	T: 905-863-2573 F: 905-863-2545		Seniors' Wellness Clinics T: 905-863-2551 F: 905-863-2474	Geriatric Mental Health Outpatient Clinic T: 905-494-2120 Ext. 29242 F: 905-863-2472
Women's College Hospital			Wellness for Independent Seniors (WISE) Outpatient Clinic T: 416-323-6400 Ext. 8092 F: 416-323-7324	