



Date:

Patient Identifier:

Return to:

Dear Dr. INSERT NAME

We are participating in the Behavioural Support Team (BeST) care for dementia patients project, developed by the Nanaimo Division of Family Practice, and funded by Shared Care.

Your patient, [ENTER NAME], has been displaying behavioural and psychological symptoms of dementia, (BPSD) which have become increasingly challenging. Our behavioural support team has been assessing and monitoring this resident for some time but has not been able to reduce the incident of responsive behaviours that are distressing to other residents, family and staff members.

In order to best support the patient, we would like to present an anonymized case to the next meeting of the Geri-Psychiatric and BeST Shared Rounds Discussion (SRD) taking place on [INSERT DATE].

The BeST Shared Rounds offer an excellent opportunity for Long Term Care staff members to receive recommendations from a Geri-psychiatrist and understand the patient's behaviours through a psychiatric lens. These rounds allow for swifter access to psychiatric support for patients without a full referral and consultation process.

If you are in agreement, please sign and return the authorization below, and you will be invited to participate in the next meeting either in person, or via ZOOM videoconference. If you are unable to attend, the Specialist will connect with you following the case presentation.

The attached documents explain the BeST project and the Shared Rounds Discussion process in more detail.

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I approve the request to present [INSERT PATIENT NAME]'s anonymized case information at the next available Shared Rounds Discussion and understand I will receive written recommendations from the Geri-Psychiatrist.

Please check applicable options below:

- I will attend the meeting in person / ZOOM teleconference [delete as applicable]
- I will not attend in person
- Request a follow up discussion with the Geri-Psychiatrist

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Physician Signature

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Date