

**Services provided at the Salmon Arm Seniors Health and Wellness Centre:**

- Interdisciplinary comprehensive geriatric assessment
- GP, OT, PT, RD, SW, RN, RA
- Shared care planning approach
- Short-term therapeutic intervention
- Transitions-in-care planning at discharge

**Referred individuals must meet the following criteria:**

- 65 years of age or older (under 65 years by exception)
- CSHS Clinical Frailty Scale rating of 4-6
- Medically Complex (at risk of decline without intervention)
- Potential to stabilize and/or optimize physical health and function
- Agreeable for assessment/intervention

**Please check all Geriatric Syndromes that apply:**

- More than 2 falls in the past year
- Increasing balance and mobility issues
- More than 2 Emergency Department visits in the past year
- Unintentional weight loss or dysphagia
- Sub-optimal pain control
- Medication management concerns
- Troublesome Incontinence

Referral date: \_\_\_\_\_

Patient's name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

PHN: \_\_\_\_\_

Date of birth: (MM/DD/YYYY) \_\_\_\_\_

Gender:

M

F

Home Address: \_\_\_\_\_

**Living situation:**

Alone

Other: \_\_\_\_\_

**Languages spoken:**

\_\_\_\_\_  
 Interpreter needed

**Key Family/Caregiver Contact:**

**Consent given to contact to arrange appointments**  Yes  No

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Caregiver Supportive of Participation  Yes  No

**Med Access Profile attached**

Please also attach if available:

Recent lab results: CBC; Lytes; Creat; ALT, AST, TSH; B12; Ca+; A1C; ALB

MOST (Medical Orders for Scope of Treatment)  Yes (copy attached)  No

Cognitive Testing – SMMSE, MoCA, Clock Drawing

Imaging Reports – CT, MRI

Prior Assessments – Geriatric Psychiatry, Neurology, Seniors Mental Health, pertinent Specialist Reports, Home Health

**Reason for Referral/Specific Request:**

Yes  No GP Geriatric Consult

Yes  No Consent for Medication Changes

**Referring Physician/NP:**

Name: \_\_\_\_\_

Office phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**Please fax to: 778-489-5256**

Seniors Health and Wellness Centre  
Suite 4, 781 Marine Park Drive  
Salmon Arm, BC V1E 2X1