



REFERRAL FORMSeniors Health and Wellness Centre

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 Referral date:		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		
Patient's name:			Home Phone #: Cell Phone #:	
PHN:	Date of birth: (MM/DD/YYYY)			Gender:
Home Address:				
Living situation: Alone Other: Key Family/Caregiver Contact: Consent given to cont			Languages spoken: Interpreter needed act to arrange appointments	
Name: Phone #:				
Relationship: Caregiver			r 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: Tyes No GP Geriatric Consult				
Yes No Consent for Medication	n Changes			
Referring Physician/NP: Name: Office phone #: Fax #:				Please fax to: 778-489-5256 Seniors Health and Wellness Centre #1 – 2770 10 th Ave NE Salmon Arm, BC V1E 2S4