PRIMARY CARE MEMORY CLINIC

island health

New Service for Victoria

The new Victoria Primary Care Memory Clinic is now accepting referrals for patients/clients experiencing memory loss. Beginning September 21, service will be provided two days per week at an interim location at the Downtown Victoria Urgent and Primary Care Centre. The service is partially funded by the Victoria Primary Care Network.

The Model of Care

The Victoria Primary Care Memory Clinic is based on the successful Ontario MINT Memory Clinics. For your patients/clients with memory loss, this service will:

- ✓ Provide an interdisciplinary assessment and diagnosis of cognition (GP, RN, OT and SW)
- ✓ Address driving concerns
- ✓ Review medications and implement indicated changes as indicated
- ✓ Develop a care plan to optimize the benefit of available supports for the client
- ✓ Arrange resources to assist the family
- ✓ Develop linkages with community service agencies
- ✓ Streamline specialist support for complex presentations and caregiver situations

Referral Information

Please use the Community Health Services & Geriatric Specialty Services Referral Form on page 2 to request a Primary Care Memory Clinic assessment, or call the Physician Connector Line at 250-519-5282. The referral form will also be available on Pathways. At this time the service is only available to practices and patients/clients within Urban Greater Victoria.

Referral Criteria

For Inclusion:

- Clients whose primary concern is memory loss
- Clients with a diagnosis of dementia / neurocognitive disorder who may or may not have access to ongoing primary care follow up

Excluded Conditions:

- Medical or psychiatric complexity with recent cognitive decline
- Coexisting movement disorders, psychiatric conditions, or poorly controlled behaviors related to dementia
- Complex comorbid conditions requiring higher level management (e.g. uncontrolled Diabetes)

For more information, please contact: SeniorsHealth@viha.ca

COMMUNITY HEALTH SERVICES & GERIATRIC SPECIALTY SERVICES REFERRAL

Contact the Community Access Centre for Southern Vancouver Island and Gulf Islands:	Community Professionals (250) 388-2210 Primary Care Physicians (250) 519-5282	**Fax form to:** (250) 519-5288

Client Information:

Last Name:	First Name:	
Address: *(incl. postal code)*		
Date of Birth: *(dd/mm/yy)*	PHN:	
Client Home Phone:	Client Cell Phone:	
Alternate Contact & Relationship to Client:	Alternate - Home Phone:	Alternate - Cell Phone:

Family Physician Name:
Address:
Phone:
Fax:

Referral Information:

Reason for Referral: *Comment on functional or clinical need and desired outcome. Indicate if physician-to-physician request for Geriatric Specialty Services:*

Additional for Geriatric Specialty Services *only:* *Indicate assessments and/or treatments tried and diagnostics completed to rule out other causes:*

☐ *or Referral Letter Attached*

Pertinent/Relevant Medical History: *List recent or new diagnoses, MOST, PPS, etc.:*

Clinical Features: *Describe behavioral or cognitive issues, risk of self-harm, falls, aggression, anxiety, pain, etc.:*

Home Situation: *Outline if living alone, caregiver status, environmental risks, social issues, abuse or neglect, etc.:*

Community Access contacts all clients at time of referral:

☐ Contact client ☐ Contact family/caregiver/alternate _____

Collateral Information to be included with the referral:

☐ Allergies	☐ Current medication list	☐ Consults not on Cerner / Powerchart	☐ Patient Medical Summary
☐ Diagnostics*	☐ Labs*	☐ MOCA / MMSE / cognitive screening	☐ Scales / scores (e.g. Frailty)

* For Geriatric Specialty Services referral, the following are required: CBC and diff, Na,K,creat, eGFR, Ca++,albumin, +/-protein, GGT, AST +/-Alk phos, TSH, Serum B12, and CT head only if done previously. **If lab results or diagnostic collateral is not being provided, *please indicate why:***

Date of Referral:	Referral Source: *please print name*	Referral Source Signature:

** ***Please see reverse page*** *for more detailed information on how to complete this form* **

COMMUNITY HEALTH SERVICES & GERIATRIC SPECIALTY SERVICES REFERRAL

Community Health Services provides a wide range of professional services in the community and in client homes, depending on the client's assessed care need and urgency of need. Services may be short-term if your client is recovering from a procedure or condition or long-term if the client needs ongoing care. For further details of services provided, please visit www.viha.ca/hcc/services/

Geriatric Specialty Services includes specialized care for seniors who are generally complex with unstable, often co-morbid psychiatric and/or medical issues, frailty and/or functional decline. Referrals for a Geriatric Psychiatrist or Geriatrician must come from a physician. The specialists do work within an interprofessional team to assess and manage complex psychiatric and medical conditions for elderly clients. Please refer to the *Pathways* site for details on inclusion/exclusion criteria.

How to Complete this Form:

Reason for Referral:

Describe:

- Indicate client need with specific medical, functional, cognitive and/or social concerns with some timelines of when these changes started occurring
- Describe the urgency of client situation
- For Geriatric Specialty Service referrals, indicate the specific clinical need that requires assessment and/or treatment recommendations

Additional for Geriatric Specialty Services *only:*

Provide:

- Information on any diagnostics and assessments completed to rule out other causes for clinical presentation
- Information on any pharmaceutical treatments already trialed

Relevant/Pertinent Medical History:

Indicate:

- Recent or new diagnosis
- Relevant medical history that impacts current clinical presentation
- If MOST (Medical Orders for Scope of Treatment) order has been developed, include copy
- Palliative Diagnosis: include PPS score

Clinical Features:

Describe:

- Behavioral features: Aggression (verbal or physical), wandering, socially inappropriate (include intensity and frequency (eg. episodic to daily occurrence)
- Mood Disturbance or Anxiety including intensity and duration (eg. episodic to daily occurrence)
- Cognitive changes (e.g. memory, executive functioning, word finding, processing, etc.)
- Falls and/or physical weakness
- Pain issues (describe intensity and frequency)

Home Situation:

Provide any information on:

- Safety issues, including environmental and social risks set up
- Abuse, neglect or self-neglect concerns
- Caregiver status
- Capacity to continue living in current environment

Collateral Information:

- A current medication list including over the counter medications, supplements and vitamins and allergy list is **REQUIRED**
- For Geriatric Specialty Service referrals, labs **REQUIRED**: CBC and diff, Na,K,creat, eGFR, Ca++,albumin, +/-protein, GGT, AST +/-Alk phos, TSH, Serum B12
- CT Head if done previously