



# COMMUNITY HEALTH SERVICES & GERIATRIC SPECIALTY SERVICES REFERRAL

Contact the Community Access Centre for Nanaimo and area:	(250) 739-5748 or (1-877) 734-4141	Fax form to:	(250) 739-5751 or (1-877) 754-2967
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## Client Information:

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

<input type="checkbox"/> Allergies	<input type="checkbox"/> Current medication list	<input type="checkbox"/> Consults not on Cerner / Powerchart	<input type="checkbox"/> Patient Medical Summary
<input type="checkbox"/> Diagnostics*	<input type="checkbox"/> Labs*	<input type="checkbox"/> MOCA / MMSE / cognitive screening	<input type="checkbox"/> 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: <i>please print name</i>	Referral Source Signature:
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**\*\* 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/](http://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

## Island Health Community Health and Geriatric Speciality Services

Community Health and Geriatric Specialty Services provide a variety of supportive services to enable individuals with health-related problems to remain independent in their own homes.



To refer a client, call the Community Access Centre 250-739-5748 or 1-877-734-4141.

An Island Health clinician will discuss with you the client's functional or clinical need and desired outcome, and will refer them to the relevant service(s) in the local community. Some of these services are provided by community partners while other health care needs are met by Island Health community interprofessional teams. **Services in the Nanaimo area include:**

- Abuse, neglect and self-neglect (investigation and protection)
- Assistance with daily living (assessment and support)
- Adult Day Programs
- Assisted Living (access to subsidized beds)
- Brain injury supports
- Cancer treatment support
- Caregiver support
- Chronic disease management
- Community Living BC clients (health care services in the home)
- Cognitive assessment and supports
- Dementia care planning
- Equipment consultation
- Geriatric specialists - outpatient (Geriatrician / Geriatric psychiatrist)
- Health care plan development with client and family
- Home safety assessment
- Incontinence management
- IV clinics (through medical daycare at NRGH)
- Medication management
- Mobility
- Occupational Therapy (consultation and treatment to increase functional capacity)
- Palliative care
- Personal care supports in the home
- Physiotherapy (consultation and treatment to increase functional capacity)
- Referral to other social services (for individuals requiring assistance)
- Residential Care (access to subsidized beds)
- Self-care management
- Seniors mental health assessment and support (in-home) [previously SORT]
- Support for illness, loss and transition challenges
- Tube feeding
- Wound assessment and care