

CENTRAL INTAKE SPECIALIZED GERIATRIC SERVICES

Phone: 613-761-4145 Fax: 613-774-7240

Referral Date:				
CLIENT INFORMATION (APPLY CLIENT LABEL IF AVAILABLE)				
Client's Last name:	First Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB: (yyyy/mm/dd)	Age:
Street address:		City:	Postal Code:	
Phone:	Ontario Health Card:	Version Code:	Preferred Language: <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> Other:	
Client is aware, agreeable and consents to referral and sharing of information? <input type="checkbox"/> YES If No, unable to proceed with referral				
ALTERNATE CONTACT INFORMATION				
Name:	Relationship to client:	Home Phone:	Work Phone:	Cell Phone:
Please contact: <input type="checkbox"/> Client <input type="checkbox"/> Alternate Contact				
PRIMARY CARE PROVIDER				
Name: (and Billing Number)		Phone:	Fax:	
REFERRAL SOURCE <input type="checkbox"/> PRIMARY CARE PROVIDER AS ABOVE				
Name: (and Billing Number if applicable)		Referring Service	Phone:	Fax:
REASONS FOR REFERRAL (Please check all that apply)				
<input type="checkbox"/> Cognition – if previously assessed, indicate date and location: _____ <input type="checkbox"/> Falls # of: _____ <input type="checkbox"/> Function <input type="checkbox"/> Mobility		<input type="checkbox"/> Medication Review <input type="checkbox"/> Mood <input type="checkbox"/> Nutrition <input type="checkbox"/> Caregiver Stress <input type="checkbox"/> Driving		<input type="checkbox"/> Risk/Safety Concerns <input type="checkbox"/> Other: _____ _____ _____
SIGNIFICANT MEDICAL HISTORY (including recent changes) <input type="checkbox"/> Attached				
Please attach the Cumulative Patient Profile, pertinent and recent blood work, diagnostic imaging and medical history. This will expedite the triage process.				
ADDITIONAL INFORMATION INCLUDING GOALS AND EXPECTATIONS:				
If you have a Specialized Geriatric Service preference, please indicate: <input type="checkbox"/> Day Hospital <input type="checkbox"/> Geriatric Assessment Outreach Team				

