Hôpital Régional de Pembroke Regional Hospital

Specialized Geriatric Services (SGS)
Common Referral Form
Tel: 613-732-8770 Ext. 6500
1-800-991-7711 Ext. 6500
Fax: 613-735-4638

HOME AND COMMUNITY CARE SUPPORT SERVICES Champlain

Name of Client: _____ ☐ M ☐ F ☐ Other
Surname First Name

Address: _____ Ontario
Street Name and Number City Province Postal Code

Telephone #: _____ Lives Alone? ☐ Y ☐ N Marital Status: _____

Health Card #: _____ Version Code _____ Date of Birth _____
dd/mm/yyyy

Alternate Contact _____ Relationship _____ Telephone #: _____

Patient or Substitute Decision Maker (if patient incapable) has given consent for this referral: ☐ Y ☐ N ☐ Unknown

Pref.'d Language ☐ English ☐ French Other: _____

Is patient currently in hospital? ☐ Y ☐ N Planned discharge date: _____

Home & Community Care involved? ☐ Y ☐ N ☐ Unknown Previous SGS Consult/referral? ☐ Y ☐ N ☐ Unknown

Current Challenges ***(Check all that apply)***

- ☐ Cognitive/Behavioral
  - ☐ Delirium
  - ☐ Anxiety
  - ☐ Verbal/physical aggression
  - ☐ Cognition/dementia
  - ☐ Delusions/hallucinations
  - ☐ Depression
  - ☐ Wandering
  - ☐ Suspicious behaviour
- ☐ Psychosocial
  - ☐ Caregiver/family issues
  - ☐ Elder abuse
  - ☐ Social isolation
- ☐ Functional ADL/IADL decline
  - ☐ Driving safety
  - ☐ Home safety
- ☐ Other *(please specify):*

What I am seeking for my patient from the consultation

- ☐ Determine diagnosis
- ☐ Confirm/review existing diagnosis
- ☐ Medication review to improve identified symptoms
- ☐ Responsive behaviour management
- ☐ Fall prevention management
- ☐ Living independence evaluation/recommendations
- ☐ Driving competence evaluation/recommendations

Please enter/include further pertinent information (eg. Previous medications/treatments explored)

Name of Family MD _____ Telephone # _____ Fax #: _____

Name of Referring Physician _____ Telephone # _____ Fax #: _____

Primary Care Provider in agreement with Referral to SGS? ☐ Y ☐ N Billing Number: _____

Signature of Referral Physician *(if applicable)* _____ Date: _____

Last Revised: 01/12/2023