Outpatient Geriatric Services Referral - Geriatric Medicine And Geriatric Psychiatry

Fax completed forms to 709-777-7004 or email to geriatrics@easternhealth.ca

Incomplete forms will be returned.

Last Name	First Name	
Gender	Date of Birth (DD/MONTH/YYYY)	HCN
Address	City	Postal Code
Home Phone	Alternate Phone	Is patient able to book own appointment? ☐ Yes ☐ No, complete contact information below
Contact Person	Phone	Relationship
Family Physician	Referring Physician/Nurse Practitioner	

Allergies: ☐ No Known

In my opinion this patient would be best serviced by: ☐ Geriatric Medicine ☐ Geriatric Psychiatry (See Criteria)

Clinical Concerns *(check all that apply)*

☐ Falls/Mobility *(Number of falls in last 12 months____)*
☐ Cognitive decline
☐ Polypharmacy
☐ Behavioral/Psychological Symptoms of Dementia
☐ Depression
☐ Delusions
☐ Hallucinations
☐ Bipolar Disorder
☐ Schizophrenia
☐ Anxiety
☐ Substance Abuse
☐ Delirium
☐ Other *(please describe)*_____

Clinical question/reason for referral: _____

Past Psychiatric History: _____

Clinical Frailty Score (See next page): _____

If cognitive concern complete and attach to referral: ☐ MMSE = _____ **and/or** ☐ MoCA =_____

Comorbidities:

☐ Anemia
☐ Arthritis
☐ Atrial fibrillation
☐ B12 deficiency
☐ Cerebrovascular disease
☐ Chronic obstructive pulmonary disease
☐ Chronic kidney disease
☐ Chronic pain
☐ Congestive heart failure
☐ Coronary artery disease
☐ Diabetes
☐ Hyperlipidemia
☐ Hypertension
☐ Hypothyroidism
☐ Osteoporosis
☐ Parkinson's disease
☐ Peripheral vascular disease
☐ Other_____
☐ Other_____
☐ Other_____

Referral Source Information:

Name	Signature	
Date of Referral (DD/MONTH/YYYY)	Telephone:	Fax:

Eastern Health

Clinical Frailty Scale*

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 **Managing Well** – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 **Mildly Frail** – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally Ill** - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

DALHOUSIE UNIVERSITY *Inspiring Minds*

CRITERIA FOR GERIATRIC PSYCHIATRY ONLY

The **Geriatric Psychiatry** service is consultation based and provides service to individuals:

1. Sixty-five (65) and older with new onset of a psychiatric illness or new onset of cognitive decline
2. Of any age who have dementia (or suspected dementia) complicated by challenging psychiatric or behavioral symptoms
3. Under the age of 65 with dementia

Referrals of individuals with chronic mental illness who have now reached 65 should be directed to general adult central intake. Individuals 65 and older requiring short-term, non-psychiatric intervention *(e.g. Acute Stress Disorder, Adjustment Disorder, Bereavement, Relational Problems, Addictions)* should be referred to the appropriate service within Mental Health and Addictions.

Capacity questions should generally be dealt with by the attending physician, family physician, primary psychiatrist or the nurse practitioner. A second opinion can be considered on a case by case basis, particularly where prominent psychiatric symptoms are felt to be impacting decisional capacity. Referrals for consultation will be considered on a case-by-case basis for individuals 65 and older with chronic mental illness where:

1. A second opinion is requested for complex illness now complicated by serious medical problems, polypharmacy or frailty.
2. Additional diagnostic issues have arisen such as co-morbid dementia with behavioral disorder.