

OUTPATIENT REFERRAL TO GERIATRICS

REF-GER

REASON(S) FOR REFERRAL

Reason(s) for Referral:

- ☐ Mobility/Falls ☐ Cognitive Decline ☐ Behavioral/Psychological Symptoms of Dementia (BPSD) ☐ Polypharmacy
☐ Acute decline in function NYD ☐ Other (specify in comments)

If Mobility/Falls selected:

Number of Falls: _____

If Behavioral/Psychological Symptoms of Dementia (BPSD) selected:

BPSD Symptoms:

- ☐ Hallucinations/Delusions ☐ Aggression ☐ Sexual Disinhibition ☐ Elopement

If Aggression selected:

Type of Aggression: ☐ Verbal ☐ Physical

CLINICAL FRAILTY SCORE

Clinical Frailty Score: (1=very fit → 9=terminally ill) _____

RESIDES AT

Resides At: ☐ Home ☐ Care Facility ☐ Unsure

If Home selected:

Living Arrangement: ☐ Lives Alone ☐ Lives with Family

Receiving Home Care? ☐ Yes ☐ No

Housebound? ☐ Yes ☐ No

If Care Facility selected:

Type of Care Facility: ☐ Personal Care Home ☐ Longterm Care

REFERRAL TYPE & COMMENTS

Referral Type: ☐ New Referral ☐ Update to Existing Referral

Comments: _____
