



Healthy Ageing
and Geriatrics



Sinai Health and University Health Network Geriatric Care Hub (Geri-Hub) Referral Form

Mandatory fields are flagged with an asterisk *.

Please note that we do not provide urgent medical care or crisis management services, please direct your patients to other services if needed.

1. Patient Eligibility (please ensure your patient meets the eligibility criteria listed below for services within the Geri-Hub. If they do not meet the eligibility criteria please refer your patient to other services):

-Patient/SDM is aware, agreeable and consents to referral and sharing of information; and medical diagnoses have been discussed with patient/SDM.

-Patient/SDM provides informed consent for referral to be redirected to other healthcare organizations (e.g. hospitals, community organizations) if patient doesn't meet Geri-Hub eligibility criteria or if service wait times are shorter at other organizations?

-Patient is age 65 and above, or 60 and above with cognitive concerns.

-Patient lives in the Geri-Hub catchment area or meets the catchment area exception criteria (South of Eglinton Avenue, North of Lake Ontario, West of Bayview Avenue, and East of the Humber River).

*Please note catchment area for Independence at Home Community Outreach Team remains South of St. Clair Avenue, North of Lake Ontario, West of the Don River, and East of Parkside Drive/Keele Street.

**Please note if patients receive a majority of their medical care at Sinai Health/UHN an exception will be made to the catchment area. However, there is no exception for the Independence at Home Community Outreach Team's catchment area.

*** If patients do not live in the Geri-Hub catchment areas please refer to this link for other Specialized Geriatric Services to which they can be referred: <https://www.rgptoronto.ca/services/map/>

2. Patient Information *:

Last Name: _____ First Name: _____ Date of Birth (dd/mm/yyyy): _____

Gender: _____ Address: _____ City: _____ Postal Code: _____

Phone Number: _____ Health Card Number: _____ Version Code: _____

Safety Concerns for providers: pets infestations smoking clutter building hazards communicable diseases: _____; other: _____

Patient Lives in: LTC RH Supportive Housing Private Dwelling

What language does patient speak: English Other (specify): _____

Interpreter Required: Yes No If yes, specify language: _____

Is the patient a candidate for a Virtual Visit? Yes No If yes, using: Telephone Video Conferencing

3. Emergency Contact Information:

Name: _____ Relationship: _____ Phone Number: _____

Should the patient be contacted directly to schedule appointments?: Yes No

If No, emergency contact will be notified of appointment details (please only list emergency contact if consent to contact them has been obtained from patient, including regarding appointments).

4. Referral Source * and Primary Care Provider (PCP) Information:

Referring MD/NP Name: _____ Phone: _____ Email: _____

Fax: _____ Billing #: _____ Signature: _____ Date: _____

Primary Care Provider Information (If different from referral source) **OR** indicate if patient does not have a PCP

Name: _____ Phone: _____ Fax: _____ Billing #: _____

5. Reason for Referral*:

Specify service(s) needed. Please note patients will be triaged to the most appropriate service(s) based on current issues and wait times.

- Comprehensive Geriatric Assessment by Geriatrician
- Assessment by Geriatric Psychiatrist
- Interprofessional Rehabilitation (Falls Prevention Program or Geriatric Day Hospital)
- Learning the Ropes for Living with MCI®: for patients with a diagnosis of Amnesic Mild Cognitive Impairment
- Home based assessment and services by Independence at Home Community Outreach Team (primarily for homebound patients)

Please clarify if patient is medically stable/safe to participate in Interprofessional Rehab YES NO

Primary reason(s) for referral/specific referral question(s). Please include patient goal(s).* :

Additional details about reason(s) for referral. Please ONLY check items relevant to above referral question(s).

MEDICAL/PHYSICAL	<input type="checkbox"/> Recurrent emergency department (ED) visits or admissions in the last 12 months <input type="checkbox"/> Risk/Safety Concerns: (including any physical risk; risk of harm – (e.g. frailty, delirium) Specify Risk/Safety Concerns: <input type="checkbox"/> Falls <input type="checkbox"/> Recurrent falls in the last 3-6 months <input type="checkbox"/> Recurrent falls in the last 6 months or more <input type="checkbox"/> Mobility issues Transfer Status: <input type="checkbox"/> Independent <input type="checkbox"/> Assistance Ambulation Status: <input type="checkbox"/> Independent <input type="checkbox"/> Assistance Mobility Aid Used: <input type="checkbox"/> No Aid <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Power Mobility	Medication Issues: <input type="checkbox"/> Medication Review <input type="checkbox"/> Medication Management/Adherence Issues Indicate if patient is taking any of the following: <input type="checkbox"/> Falls and high risk medications e.g. benzodiazepines, opiates, sedating or anti-cholinergic <input type="checkbox"/> Narrow therapeutic index medications where missed or duplicated doses may have serious consequences e.g.: insulin, oral hypoglycemic agents, anticoagulants, anticonvulsants, lithium, digoxin	<input type="checkbox"/> Incontinence <input type="checkbox"/> Constipation <input type="checkbox"/> Pain Management <input type="checkbox"/> Sleep <input type="checkbox"/> Weight Loss/Nutrition
FUNCTIONAL	<input type="checkbox"/> Functional Decline (a loss of 1 or more ADLs and/or IADLs) <input type="checkbox"/> Acute functional decline in the last 3 months <input type="checkbox"/> Functional decline in the last 12 months or more	<input type="checkbox"/> Homebound <input type="checkbox"/> Driving Concerns	<input type="checkbox"/> Swallowing <input type="checkbox"/> Speech Difficulties
COGNITIVE/BEHAVIOURAL	<input type="checkbox"/> Atypical cognitive changes, cause unclear <input type="checkbox"/> Cognitive decline <input type="checkbox"/> Acute cognitive decline in the last 3-12 months <input type="checkbox"/> Cognitive decline in the last 12 months or more <input type="checkbox"/> Cognition previously assessed by another specialist (indicate date and name of specialist who completed the assessment):	<input type="checkbox"/> Behavioural and psychological symptoms of dementia (BPSD) not well managed <input type="checkbox"/> Mood <input type="checkbox"/> Suicidal Ideation	<input type="checkbox"/> Verbal/Physical Aggression <input type="checkbox"/> Delusions/Hallucinations <input type="checkbox"/> Wandering <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Self-Neglect
PSYCHOSOCIAL	<input type="checkbox"/> Caregiver Stress/Risk of Caregiver Burnout Indicate if Severe: <input type="checkbox"/> Yes <input type="checkbox"/> No (e.g. caregiver(s) has expressed difficulty with providing ongoing support or being overwhelmed by support needs).	<input type="checkbox"/> Social Isolation/Limited Supports Indicate if severe: <input type="checkbox"/> Yes <input type="checkbox"/> No (e.g. lives alone with no friend/family support, and no community supports in place)	<input type="checkbox"/> Psychosocial issues <input type="checkbox"/> Concern for Abuse (financial, physical, emotional, sexual, neglect)

6. Medical Information*:

Please attach Cumulative Patient Profile/Medical History and List of Current Medications and Supplements

Please attach the following if relevant as per reason(s) for referral, available, and not otherwise accessible on Connecting Ontario: Consultation Reports; Cognitive Testing (MoCA, MMSE, RUDAS or Mini-Cog); Cardiac Tests (ECHO, EKG); DEXA (Bone Density Scan); Vaccination Record; Diagnostic Imaging (from last 2 years)

Has patient previously seen a Geriatrician/Geriatric Psychiatrist?: Yes No If Yes, Name: _____ Date: _____

Please complete sections 1-6 of this form and submit by Fax (416) 597-7066 or Email TRI-Eskerfax.DayHospital@uhn.ca

If you have any questions or concerns, please call (416) 597-3422 ext. 3065

Description of Services offered by the Sinai Health and the University Health Network Geriatric Care Hub (Geri-Hub)

Geriatric Medicine Clinics - Mount Sinai Hospital and Toronto Rehab

- Geriatric Medicine Clinics assist older adults who have complex conditions associated with aging. The clinics work in partnership with patients' primary care and other specialist providers to offer the specialist support of geriatricians. Comprehensive assessment; care planning recommendations and services; links to other specialist, primary, home and community services; Common concerns addressed include: cognition; falls, functional decline; mobility issues; weight loss/nutrition; medication review/polypharmacy; incontinence; pain; caregiver support; complex and multiple comorbidities.

Seniors Mental Health Outpatient Clinic—University Health Network

- Geriatric psychiatrists provide comprehensive geriatric mental health assessments, treatment plans, and short-term follow-up when appropriate, working in partnership with primary and community care services. The focus of this clinic is older adults (65 and over) with a mood or anxiety disorder or new-onset psychosis, or older adults (60 and over) with a diagnosis of dementia and behavioral or psychological symptoms. You can refer to the Seniors Mental Health Outpatient Clinic using this Geri-Hub referral or by faxing the clinic directly at 416-340-4198.

Geriatric Rehab Outpatient Services - Toronto Rehab

- **Geriatric Day Hospital:**
 - Appropriate for patients with complex physical/cognitive/psychosocial concerns requiring the following services: nursing (RN), physiotherapy, occupational therapy (OT), social work (SW), speech-language pathology (SLP)
 - Up to 10-week duration; program is individualized to each patient
 - Geriatrician available for consultation
- **Falls Prevention Program:**
 - Appropriate for patients whose primary concern is falls, and patient is at risk for falls
 - Physiotherapist assessment
 - Geriatrician available for consultation
 - Access to RN, OT, SW, and SLP services available if identified as needed on referral form or during initial assessment
 - 10-week duration; program includes educational lectures and exercise classes
 - Patient must be able to participate in group based exercise and education sessions
- **Learning the Ropes for Living with MCI®:**
 - Appropriate for patients with a diagnosis of amnesic mild cognitive impairment (MCI)
 - Group based education focused on lifestyle factors that can impact cognitive health and memory strategy training.
 - \$75 program fee (no one will be turned away if they cannot pay fee)
 - The program is held once a week for 6 sessions (approximately 90-105 minutes per session) and there is a follow up session approximately one month after the sixth session.
 - Each participant is able to invite a care partner to join the sessions to support their learning.
 - A one time support session with a Social Worker will be organized for any care partners who are interested.

Exclusion Criteria for Geriatric Rehab Services:

- Patient needs more than minimum assistance for transfers/ambulation (patients requiring min assist must be accompanied by a care partner)
- Cognitive, physical, or medical difficulties preventing patient participation in program activities
- Patients residing in Long-Term Care (LTC), or patients residing in a Retirement Home (RH) with access to similar services
- Previous admission with no significant change in status

Geriatric Community Outreach Team - Sinai Health, Toronto Rehab, Home and Community Care Support Services (HCCSS)

- **Independence at Home Community Outreach Team:**
 - Catchment area: South of St. Clair Avenue, North of Lake Ontario, West of the Don River, East of Parkside Drive/Keele Street.
 - Appropriate for medically and socially complex, community dwelling older adults who have experienced recent functional decline and have potential to regain function, or may be struggling for other reasons to remain in the community – e.g. poor connections to community services. Ideal for more home-bound older adults.
 - Interprofessional assessment, care plan development and coordination (team members may include RN, Pharmacy, SW, Care Coordinator from HCCSS, Geriatrician and Geriatric Psychiatry based on patients' needs). Exclusion Criteria: Patients residing in LTC.