Saskatchewan
Health Authority

Geriatric Evaluation & Management Services
Saskatoon City Hospital
701 Queen Street
Saskatoon, SK S7K 0M7
P: 306-655-8925 | F: 306-655-8929
Email: GeriatricEvaluationandMgtServices@saskhealthauthority.ca

Geriatric Evaluation and Management Referral Form

CLIENT INFORMATION	**REFERRAL SOURCE**	
Name of Patient:	Referral Date:	
Health Card:	Referring MD/NP: (if not family physician)	
DOB: **Age:**	Family MD/NP:	
Address:	Clinic Address:	
City: **Postal Code:**	City:	
Phone: **Cell:**	Postal Code:	
Email:	Phone:	Fax:

LIVING ARRANGEMENTS	**NOK/ EMERGENCY CONTACT**
☐ Lives Alone ☐ with supports (i.e.: HomeCare)	**Name:**
☐ Lives with Spouse	**Relationship:**
☐ Lives with Family Members _____	
☐ Lives in PCH (list home name and number above)	**Phone/Cell:**
☐ Other: _____	**Email:**

Has the patient provided consent to contact family/caregiver(s) ☐Yes ☐No **If Yes,** Name | Phone

***Contact to Arrange Appointment**: ☐Patient ☐NOK (above) ☐**Other** _____
Phone _____ **Cell** _____ **Email** _____

Patient is aware and agreeable to referral? ☐Yes ☐No

REASONS FOR REFERRAL

(Check all that apply)

Cognitive/Behavioral
- ☐ Cognitive Changes
- ☐ Depression/Anxiety
- ☐ Verbal/Physical Aggression
- ☐ Delusions/Hallucinations
- ☐ Sleep

Psychosocial
- ☐ Caregiver Stress
- ☐ Elder Mistreatment
- ☐ Social Isolation

Functional Decline
- ☐ Mobility/Falls
- ☐ Safety Concerns
- ☐ Change in Function
- ☐ Speech/Language
- ☐ ↑ ER Visits/Hospital Visits
- ☐ Polypharmacy/Compliance
- ☐ Weight Loss/Nutrition

Other Geriatric Concerns
- ☐ Frailty
- ☐ Urinary incontinence
- ☐ Dizziness/Syncope
- ☐ Orthostatic Hypotension
- ☐ Medically Complex
- ☐ Other:

PAST MEDICAL HISTORY / RECENT HOSPITALIZATIONS

REQUIRED INFORMATION (attach all relevant results, if available)

- ☐ Relevant Specialist Assessments/Consultations/Discharge Summaries(e.g. Cardiology, Neurology, etc)
- ☐ Previous Cognitive Testing (e.g. MMSE, MoCA, EXIT25, mood screening)
- ☐ Occupational/Physical Therapy Assessments
- ☐ Social Information

Please arrange current lab work if not done within the last six months:
CBC & Differential, lytes, TSH, glucose, Vitamin B12, Vitamin D, ionized calcium, creatinine, urea, HgA1c

FAX COMPLETED REFERRAL & ACCOMPANYING DOCUMENTATION TO (306) 655-8929

Saskatchewan Health Authority

Geriatric Evaluation & Management Services
Saskatoon City Hospital
701 Queen Street
Saskatoon, SK S7K 0M7
P: 306-655-8925 | F: 306-655-8929
Email: GeriatricEvaluationandMgtServices@saskhealthauthority.ca

Geriatric Evaluation & Management Services

- Aim to optimize independence, functioning and quality of life for older adults and to assist older adults in achieving the higher degree of health that is required to live within the community.
- Aim to assist in preventing or delaying hospitalization or institutional placement.
- Provide comprehensive geriatric and multidisciplinary assessment, treatment, care planning, health promotion and rehabilitative therapies to older adults living in the community.
- The patient's team may include Geriatric Medicine, Geriatric Psychiatry, Family Medicine (with special interest in Geriatrics), Nurse Practitioners, Registered Nurses, Occupational Therapy, Physical Therapy, Recreation Therapy, Social Work, Pharmacy, Speech Language Pathology and Dietician.

Who would benefit?

- Adults over the age of 65 living in the community, who are not acutely ill that have one or more of the following concerns: live at risk with increased use of preventable ER visits and hospitalizations, have had a recent decline in social, functional, cognitive and/or health status, a history of falls, have few social supports or have caregivers with high caregiver burden.
- Individuals that require assessment and care from more than one discipline.
- Medically Complex or multiple chronic conditions that may benefit from a Comprehensive Geriatric Assessment.

Who can make a referral?

- Referrals are accepted from Family Physicians, Nurse Practitioners and Specialists.

What happens next?

- The completed referral will be screened and triaged to the most appropriate service based on current geriatric issues, wait times and urgency. The client could be seen by the team in either a Day Hospital Program, Multidisciplinary Clinic or Geriatric Medicine clinic.
    - ***Day Hospital Program***
        - Provides individualized assessment, treatment and short-term rehabilitation in an outpatient setting.
        - Patients attend twice weekly for up to 8 weeks depending on the plan established.
        - Patients must be motivated and able to participate in a three hour therapeutic program and be able to retain new information.
    - ***Multidisciplinary Clinic (MDC)***
        - Cognitive concerns are primary reason for referral.
        - For rural patients and patients from Saskatoon and surrounding areas with mild impairment and those who would not be able to safely participate and be engaged in our Day Hospital program.
        - This is a single visit assessment with a full report provided to the family physician and other health care practitioners providing recommendations and follow up, pt reviewed if indicated by MDC Physician.
        - Appointment could occur on-site at Saskatoon City Hospital, home visit or virtual appointment.
    - ***Geriatric Medicine Clinic***
        - Medically complex and multiple reasons for referral with Geriatric Syndromes.
        - For rural patients and patients from Saskatoon and surrounding areas.
        - This is a single visit assessment with a full report provided to the family physician and other health care practitioners providing recommendations and follow up, pt reviewed if indicated by Geriatrician.
        - Appointment could occur on-site at Saskatoon City Hospital, home visit or virtual appointment.
- A letter will be sent to the sending physician and patient acknowledging referral and plan.
- Should you have questions pertaining to the referral, please call the main office at 306-655-8925.

PLEASE FAX COMPLETED REFERRAL & ACCOMPANYING DOCUMENTATION TO (306) 655-8929