

The Central Clinical Intake (CCI) team provides an intake service for community based Specialized Geriatric Services (Geriatric Medicine & Geriatric Psychiatry), Behavioural Supports Ontario (BSO) Community Teams, and GeriMedRisk for the areas of Hamilton, Niagara, Haldimand, Norfolk, Brant, and Burlington.

Services Available Through Central Clinical Intake	
<b>Geriatric Medicine</b>	Provides medically complex older adults with comprehensive geriatric assessment, diagnosis, treatment, and follow-up. <b>Typical concerns:</b> frailty, falls, continence, cognitive decline, polypharmacy, bone loss/osteoporosis
<b>Geriatric Psychiatry</b>	Provides comprehensive geriatric psychiatry assessment and treatment for older people who are experiencing symptoms of serious mental illness. May include first occurrence of the illness, or an individual requiring longer term intervention. <b>Typical concerns:</b> behavioural concerns, psychosis, mood disorders, polypharmacy, substance use, anxiety, low mood, increased worry
<b>Please note that Central Clinical Intake may reroute a referral to Geriatric Medicine or Geriatric Psychiatry based on the information gathered and in consultation with the service providers.</b>	
<b>BSO Community Teams</b>	Behavioural management community outreach teams provide specialized behavioural assessments, care planning, non-pharmacological interventions for older adults and their care partners in the community. This includes private dwellings, retirement homes, and assisted living. For long-term care home referrals, please contact (905) 627-3541 ext. 2246. <b>Typical concerns:</b> responsive behaviours related to dementia, complex mental health issues, and/or other neurological conditions
<b>GeriMedRisk</b>	Telephone/eConsult service supporting physicians, nurse practitioners, and pharmacists requiring medication assistance for complex physical and/or mental health cases. Service team includes access to: Geriatric Psychiatrist, Geriatric Pharmacist, Clinical Pharmacologist, and Geriatrician and can involve any combination of specialties in the consult. GeriMedRisk will contact your patient for a best possible medication history. Written response and geriatric drug information materials received within a median of 5 business days.

Specialized Geriatric Services (SGS) and BSO do not offer assessments for legal purposes, such as capacity assessments or functional driving assessments. BSO and SGS typically see patients 65 years of age and older. Patients younger than 65 are eligible for service if they are experiencing complex issues typically associated with aging.

Patients must have a Primary Care practitioner to access Geriatric Medicine, Geriatric Psychiatry, or GeriMedRisk.

Patients with cognitive issues must have a care partner identified on the referral form.

**IF YOUR PATIENT IS IN CRISIS AND REQUIRES IMMEDIATE HELP, PLEASE CALL 911, A LOCAL MENTAL HEALTH CRISIS TEAM, OR DIRECT THEM TO AN EMERGENCY DEPARTMENT**

Hamilton COAST: 905-972-8338

Haldimand & Norfolk CAST: 866-487-2278

Niagara COAST: 866-550-5205, x 1

Halton COAST: 877-825-9011

Brant COAST: 866-811-7188

**Missing or incomplete information will delay referral processing. Do not fax this page with your referral.**

## Central Clinical Intake (CCI) Referral Form

### HNHB Behavioural Supports Ontario/Specialized Geriatric Services

#### SERVICES REQUESTED

Geriatric Medicine       Geriatric Psychiatry      Specific Physician: \_\_\_\_\_

Region patient prefers to be served:  Burlington    Brant    Haldimand Norfolk    Hamilton    Niagara

Patient also willing to travel to:    Burlington    Brant    Haldimand Norfolk    Hamilton    Niagara

Behavioural Supports Ontario Community Team       GeriMedRisk Consult

\*Completion of pg.2 **mandatory** for BSO referral

#### PATIENT DEMOGRAPHICS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:  Male    Female    Non-Binary    Two Spirit    Other: \_\_\_\_\_  
dd/mm/yyyy

HCN: \_\_\_\_\_ - \_\_\_\_\_ Preferred Language:  EN    FR    Other: \_\_\_\_\_ Needs Interpreter:  Yes  No  
##### ## VC

Living Situation:    Alone       With Family/Caregiver

Primary Care Practitioner (PCP): \_\_\_\_\_ PCP Phone: \_\_\_\_\_

PCP Fax: \_\_\_\_\_

#### Who can we contact for additional referral information? **Mandatory** for referrals that designate cognitive concerns or issues.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Patient:    Spouse    Child    SDM    Other: \_\_\_\_\_

#### REASON FOR REFERRAL – What is the clinical question to be answered? What has changed? Are there risk/safety issues? (e.g.: behavioural changes, frailty, falls)

#### IMPORTANT: Attach the Following Supporting Documentation

Cumulative Patient Profile (with medication list)       Relevant Consultation Reports       Cognitive Assessments

#### REFERRER INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referrer Role: \_\_\_\_\_ Organization: \_\_\_\_\_ OHIP Billing #: \_\_\_\_\_

Referrer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

dd/mm/yyyy

#### CONSENT

By signing this form, I acknowledge that the Patient/Substitute Decision Maker (SDM) is aware of the role of CCI in the collection, use and disclosure of personal health information (PHI) with health service providers to assist with the care of the referred patient. Patient/SDM understands that CCI will assess the needs of the referred patient and may direct referrals to a different service than requested based on the information gathered. Patient/SDM understands that they can withdraw consent at any time with all or a subset of service providers with no penalty. The withdrawal of consent does not have retroactive effect, nor does it affect the uses and disclosures of PHI collected by Hamilton Health Sciences as permitted or required by law without consent.

**Missing or incomplete information will delay referral processing.**

Patient Last Name: \_\_\_\_\_

## INFORMATION REQUIRED FOR BEHAVIOURAL SUPPORTS ONTARIO

*Please complete only for the behaviours that are present*

Category	Behaviours	<u>N</u> ew or <u>L</u> ongstanding	Mandatory: please add additional detail such as context, triggers, severity, what has been tried, etc.
Physical	Hitting, kicking, pushing, scratching, grabbing		
	Throwing things		
	Refusal of care (physical)		
	Active attempts to leave (exit seeking)		
	Wandering (not exit seeking)		
	General restlessness		
	Repetitive mannerisms		
	Collecting, hiding items		
Verbal	Expressive vocalizations (yelling, screaming, complaining, arguing)		
	Swearing		
	Refusal of care (verbal)		
	Repetitive sentences, requests		
	Calling out Making strange noises		
Other	Visual/perceptual disturbances/hallucinations		
	Paranoia		
	Delusional thinking		
	Disinhibited behaviours (verbal or physical)		
	Sexual behaviours (verbal or physical)		
	Risky behaviours (unsafe driving, kitchen safety)		

*Attach additional information as needed.*

### Additional Comments

**Missing or incomplete information will delay referral processing.**