

GerimedRisk Referral Form

GerimedRisk Fax: 519-279-2959

Please email gmrifax@gerimedrisk.com or call 1-855-261-0508 to confirm the fax has been received

Patient Information

First Name: _____ Last Name: _____

DOB (m/d/y): _____ OHIP Number: _____

The GerimedRisk pharmacy team will contact the the patient/caregiver for a medication interview:

Contact Name: _____ Phone number: _____

Relationship to patient (if applicable): _____

Are they the patient's SDM? Yes No. SDM's contact info: _____

No, please do not contact the patient/caregiver by phone to review their medications.

Reason for Referral:

Reason for referral provided in attached referral letter

****Please include any relevant clinical information from your EMR with this referral form (e.g. notes from recent visits, consult notes, etc.) that would not already be available in Clinical Connect/ConnectingON.****

GerimedRisk Virtual Clinician-Facing Consultation Service:

- An interdisciplinary team with expertise in pharmacy, geriatric psychiatry, clinical pharmacology and geriatric medicine that provides support in managing medication/physical/mental health issues in older adults.
- GerimedRisk specialist physicians **do not see** the patient in person or by video, nor do they connect with them by phone, but rather provide recommendations based on the information provided. Where appropriate, the GerimedRisk pharmacy team conducts a best possible medication history via phone with the patient/caregiver.
- After receiving relevant clinical information, the GerimedRisk team responds within approximately 5 business days, providing interdisciplinary clinical recommendations accompanied by geriatric drug information education materials.

Other ways to consult:

1. Ontario Telemedicine Network eConsult or Champlain BASE™ eConsult: select "GerimedRisk"
2. Ocean eReferral select "GerimedRisk" on the Waterloo Wellington Specialized Geriatric Service Clinical Intake Form
3. Specialized Geriatric Services Intake Forms (regions: Champlain, Hamilton Niagara Haldimand Brant and North Simcoe Muskoka): select "GerimedRisk"
4. Telephone: Call toll-free 1 (855) 261-0508 between 9:00 am – 5:00 pm Eastern Time

Referring Clinician (MD/NP): _____

Phone Number: _____

Provider Name: _____

Fax Number: _____

Signature: _____

Registration Number: _____