

The Central Clinical Intake (CCI) team is providing intake service for community based Specialized Geriatric Services (Geriatric Medicine & Geriatric Psychiatry), BSO Community Programs (BSO Community Team (urgent/non-urgent) & Responsive Behaviour Specialist Retirement Homes) and GeriMedRisk. Please review the following information on the programs available through Central Clinical Intake:

Programs Available through CCI & Service Descriptions	
Geriatric Medicine	Provides medically complex older adults with comprehensive geriatric assessment, diagnosis, treatment and follow-up. Services may be provided in outpatient clinic settings or through outreach in the person's place of residence. Typical concerns: Frailty, balance/falls, continence, cognitive decline, polypharmacy, bone loss/ osteoporosis
Geriatric Psychiatry	Provides persons with comprehensive geriatric psychiatry assessment, inclusive of treatment and support 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. Services may be provided in outpatient clinic settings or through outreach in the person's place of residence. Typical concerns: Responsive behaviours, psychosis, mood disorders, polypharmacy
BSO Community Programs – Inclusive of: <ul style="list-style-type: none"> BSO Community Team Urgent & Non-Urgent Referrals (Formerly BSO COT & BSO Community Clinicians/Case Managers Program) Responsive Behaviour Specialist Retirement Homes (Hamilton/Burlington ONLY) 	Behavioural management outreach community teams that provide specialized behavioural assessments, care planning, non-pharmacological interventions and transitional support for older adults presenting with, or at risk for responsive behaviours related to dementia, complex mental health, substance use and/or other neurological conditions and their care partners in the community. This includes private dwellings, retirement homes, assisted living, etc.
GeriMedRisk <ul style="list-style-type: none"> *GeriMedRisk ALSO accessible via OTNhub eConsult service ("GeriMedRisk") OR by calling 1-855-261-0508 	Telephone/eConsult service supporting MDs, NPs 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 (as needed) and can involve any combination of specialities 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.

General Information: *Missing or incomplete referral information will delay referral processing.* BSO and SGS do not offer assessments for legal purposes, such as capacity assessments or functional driving assessments. BSO/SGS Central Clinical Intake can provide resources for these services if required. 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 Primary Care to access Geriatric Medicine or Geriatric Psychiatry.

- **Questions about the referral process? Please call: (905) 521-2100, ext. 12221 to speak to the CCI Team.**
- **If you are unsure whether the above services are suitable, or you are looking for more guidance and support on services available in the HNHB region, please call BSO CONNECT: 1-800-810-0000**

HNHB Behavioural Supports Ontario/Specialized Geriatric Services
Central Clinical Intake (CCI) Referral Form

Fax: 1-855-406-2163 | Phone: 1-905-521-2100 ext. 12221 | Email: gericentralintake@hhsc.ca

A - SERVICES REQUESTED

Geriatric Medicine

Geriatric Psychiatry

Preference for above SGS Service(s):

Shortest Wait Time **OR**

Specific Physician: _____

Region patient prefers to be served:

Burlington

Brant

Haldimand Norfolk

☐ Hamilton

☐ Niagara

Behavioural Supports Ontario Community Team



GeriMedRisk Consult

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

*Patient/caregiver will be contacted for best possible medication history.

B – CONSENT

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 HHS as permitted or required by law without consent. **YES**

C - 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: _____
- ## - ### VC

Needs Interpreter: Yes No

Living Situation: Alone with Family/Caregiver Retirement Home Other: _____

Primary Care Practitioner (PCP): _____ PCP Phone: _____

D - ALTERNATE CONTACT

Contact Person for Appointment: Patient Alternate Contact Referrer

First Name: _____ Last Name: _____ Phone: _____

Relationship to Patient: Spouse Child Other: _____ Alt Phone: _____

E - HEALTH INFORMATION - Reason for Referral (include any relevant medical & psychiatric history):

Why are you referring? What has changed? Risk/safety issues? (e.g. behavioural changes, frailty, falls, social isolation, PIECES RISKS)...

IMPORTANT!: Attach the Following Supporting Documentation - Check all attached

1. Cumulative Patient Profile (w/ meds list) 2. Relevant Consultation Reports (e.g. neuropsych & cog. assessments)

F - REFERRER INFORMATION

Name: _____ Phone: _____ Fax: _____

Referrer Role: _____ Organization: _____ OHIP Billing #: _____

Referrer Signature: _____ Date: _____

*MD/NP signature required for Geriatric Med/Psych referrals

dd / mm / yyyy

G – BEHAVIOURAL SUPPORTS ONTARIO REQUIRED INFORMATION

***PLEASE NOTE: IF YOUR PATIENT IS IN CRISIS AND REQUIRES IMMEDIATE HELP, PLEASE CALL 911, A LOCAL MENTAL HEALTH CRISIS TEAM (NUMBERS BELOW), OR DIRECT THEM TO A LOCAL EMERGENCY DEPARTMENT**

Hamilton COAST	Haldimand and Norfolk CAST	Niagara COAST	Brant COAST	Halton COAST
1- 905-972-8338	1-866-487-2278	1-866-550-5205, ext.1	1-866-811-7188	1-877-825-9011

Responsive Behaviours	<u>Level of Risk:</u> High Med Low			Frequency/Comments:
Physically responsive				
Verbally responsive				
Agitation *(please describe)	<input type="checkbox"/>		<input type="checkbox"/>	
Confusion				
Active attempts to leave area				
Grabbing onto people				
Prefers to collect things				
Pacing				
Noises				
Refusing care				
Refusing meds				
Repetitive sentences/questioning				
Screaming				
Self-harm				
Suicidal ideation/threat				
Wandering				
Withdrawal/isolation				
Other (please specify): _____				

Level	Risk Indicator
High Risk (Response within 1-2 business days)	Very likely harm will occur if preventative measures not put in place to reduce risks or if strategies not implemented to mitigate or relieve harm/loss that may have already occurred.
Medium Risk (Response within 3-5 business days)	Possible harm will occur if potential risks are not identified and managed and supports are not in place or effectively mobilized. Support systems have changed or situation worsening.
Low Risk (Response within 6+ business days)	May or may not have past history, not worsening; Support systems in place. Long term focus to reduce vulnerabilities and strengthen capacities to deal with future challenges.

I - OTHER SERVICES OR AGENCIES INVOLVED *Past/present, awaiting service & frequency of service if known...*