North Simcoe Muskoka
Specialized Geriatric Services

NSM SPECIALIZED GERIATRIC SERVICES

COVID-19 Alternate Referral Form

KEY INFORMATION

FAX completed referrals to 705-792-4614 Questions? Call SGS Intake Service 705-417-2192 ext. 109

Client / Patient Information

Last Name *(please print)*:	**First Name** *(please print)*:
DOB *(dd/mmm/yyyy)*:	**Gender:** Choose Gender
Health Card (HC)#:	**HC Version Code:**
Address (include City & Postal Code):	
Telephone #:	**Client Aware of Referral:** ☐ Yes ☐ No

Key Contact Information

☐ Patient ☐ SDM ☐ Other **Primary Contact Name:**

Relationship: ☐ Spouse ☐ Child ☐ Friend ☐ Other: **Telephone #:**

Any additional information about contacting the patient or key contact that we should know?

Referral Source Information

Referred by *(Name)*:
☐ Physician ☐ NP Billing #: ☐ Self ☐ Other *(please identify)*:

Referring Source Location *(Organization)*:
☐ ED ☐ Hospital ☐ COVID Assessment Centre ☐ Primary Care ☐ HCC
☐ LTCH ☐ Retirement Home ☐ Other

Telephone #:	**Fax #:**

Primary Care Practitioner Information

Name: **Telephone#:** **Fax #:**

Geriatric Syndrome Referral Information

COVID Eligibility for Referral:
☐ New/Increased Confusion ☐ New/Increased Falls ☐ New/Sudden Change in Physical Function/Ability
☐ Medication Risks ☐ New/Increased Mental Health Issues (Mood, Anxiety, Psychosis)
☐ New/Increased Responsive Behaviours ☐ New/Increased Caregiver Stress ☐ Risk of harm to self/others
☐ Other

Referral Information: *Please provide as much detail as possible about the reason for referral, including identified risks, and attach all available information.*

Requested Service:

☐ **Geriatric Medicine**

☐ **Geriatric Mental Health** *(including Behaviour Support System)*

☐ **GeriMedRisk** *(medication)*

NOTE: The NSM SGS program will take referral as consent from the patient to engage and share information with other health service providers as appropriate in order to meet the needs of the referred individual, unless there is explicit instruction otherwise.

Referral signature:	**Date**

Please FAX completed referrals to SGS Central Intake at 705-792-4614

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