



North Bay Regional Health Centre

Nipissing Specialized Geriatric Services

Referral Form

120 King St. West, North Bay, ON. P1B 5Z7

Phone: 705-494-3054, Fax: 705-494-3097

Please note, incomplete referrals may delay intake process.

If you have a preferred service, please check the appropriate box (*optional*):

Seniors' Mental Health **Nipissing Specialized Geriatric Clinic** **Behavioural Supports Ontario**

All information will be considered during the intake process and referrals will be triaged to the most appropriate service(s).

Patient Demographics

Name (*last, first*): _____ DOB (*dd/mm/yyyy*): _____

Gender: _____ Health Card #: _____ Version Code: _____

Preferred Language: _____

Address (*unit/street #*): _____

City: _____ Postal Code: _____ Phone #: _____

Lives alone: No Yes If no, please specify: _____

Secondary Contact: _____

Relationship: _____ Phone #: _____

Patient or SDM **consented** to this referral Yes Date Obtained: _____

Person to Contact Regarding this Referral

Patient Secondary Contact Other (*if other, please specify below*)

Name: _____ Relationship: _____ Phone #: _____

Agency Involvement

Ontario Health at Home Mental Health Services
 Alzheimer Society Private Home Care Supports
 Other (*please specify*): _____

Reason for Referral

Cognitive changes Mobility/falls
 Behavioural changes Functional changes
 Mood symptoms Pain management
 Symptoms of psychosis Sleep disturbance
 Suicidal/homicidal ideation Unintended changes in weight/nutrition
 Substance/Medication misuse Complex medical problems
 Polypharmacy/Medication Review Multiple ED visits related to geriatric syndromes
 Other (*please specify*): _____ Caregiver/family concerns

Brief Description and Clinical Question: (*highlight goals of referral here*)

Office Use Only:

Date rec'd: _____ Initial: _____ NB#: _____
Previous SMH-RCS file: No Yes Previous OGMC file: No Yes Previous/Current BSO file: No Yes

NBRHC's Nipissing Specialized Geriatric Services- Referral Form

Name (<i>last, first</i>):	DOB (<i>dd/mm/yyyy</i>):
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Risks and/or Safety Concerns (*for patient and/or others*)

Are there safety concerns? No Yes

Are there any legal concerns (consent, capacity, abuse, etc.)? No Yes

Is the patient driving? No Yes

Are there driving concerns? No Yes **Please complete an MTO report for imminent risk**

Please Specify:

Current Medications

Please attach Medication list/ CPP

Allergies

Required Investigations for Seniors' Mental Health and Geriatric Clinic Referrals

Please ensure the following recent (within the last 3 months) results are available:

<input type="checkbox"/> CBC <input type="checkbox"/> HbA1c <input type="checkbox"/> Creatinine, eGFR <input type="checkbox"/> Electrolytes and calcium, albumin, magnesium, and phosphorus <input type="checkbox"/> Brain Imaging results-CT/MRI (required for referrals related to cognitive changes)	<input type="checkbox"/> TSH, B12 <input type="checkbox"/> ECG <input type="checkbox"/> VDRL (if risk factors) <input type="checkbox"/> Serum Drug Levels (e.g. lithium or other mood stabilizers, anticonvulsants, digoxin) if applicable <input type="checkbox"/> Cognitive screening assessments if available (e.g. MMSE/MoCA)
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Relevant Medical, Surgical & Psychiatric History

CPP attached

Specialists & Additional Care Teams (*please include relevant consultation notes*)

Cardiology

Neurology

Oncology

Psychiatry

Other (Please Specify):

Primary Care Provider: Yes No **If No: where are they accessing care?*

Print Name: _____

Phone #: _____ Fax # (*if applicable*): _____

Request for Referral Initiated by (*please specify*):

<input type="checkbox"/> Family <input type="checkbox"/> Primary Care Provider	<input type="checkbox"/> Patient <input type="checkbox"/> Other:
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Referring Physician/Nurse Practitioner (*if different than PCP*):

Print Name: _____

Phone #: _____ Fax # (*if applicable*): _____

Date (<i>dd/mm/yyyy</i>):	Signature:	
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Please fax the completed form to 705-494-3097. We will contact you if we require further information or if unable to register the patient with our services. We are not an emergency/crisis service, please engage emergency supports should risks be imminent.