



DT9428

DIRECTED CONSULTATION TO THE GERIATRIC PHYSICIAN

Note: Refer to the clinical alerts on the back or the form before filling it out and continue to use existing consultation corridors: Accueil clinique, 3rd line specialized outpatient clinics, memory clinics, day hospitals, outpatient geriatric and psychogeriatrics teams, geriatric outpatient services, pain clinics, fall clinics, BPSD¹ team, etc.

Patient's first and last name			
Health insurance number		Year	Month
		Expiry	
Parent's first and last name			
Area code Phone number		Area code Phone number (alt.)	
Address			
Postal code			

All users must be accompanied by a caregiver (Name and phone number are mandatory)	Name	Area code Phone no.
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This form is intended for patients aged 65 and over (mainly 75 years and over)

Reason for consultation	Clinical priority scale: C: ≤ 28 days D: ≤ 3 months E: ≤ 12 months				
Neurocognitive Disorder	<input type="checkbox"/> Atypical major neurocognitive disorder <i>(Prerequisite: cerebral imaging within less than 6 months, MOCA or MMSE)</i>	D	<input type="checkbox"/> Elder abuse ³⁻⁴ : abuse situation, neglect, etc. <i>(Prerequisite: attach psychosocial evaluation report, cerebral imaging requested or already performed) Name and telephone of <u>social worker</u> required to enter under clinical information</i>	C	
	<input type="checkbox"/> Typical major neurocognitive disorder: specify the issue to be assessed <i>(Prerequisite: MOCA or MMSE, Recommended: cerebral imaging)</i>	E			
	"Behavioral Disorder" BPSD ¹ without a history of psychiatric illness (refractory to interventions by the first line BPSD team if available) <i>(Prerequisite: cerebral imaging less than 6 months, MOCA or MMSE)</i>	<input type="checkbox"/> HCS ² potentially compromised in the short term	C	<input type="checkbox"/> Unexplained weight loss in users > 75 years old after appropriate investigation <i>(Prerequisite: attach relevant reports)</i>	D
		<input type="checkbox"/> HCS ² not compromised in the short term	D	<input type="checkbox"/> Potentially harmful polypharmacy/Deprescribing <i>(Prerequisite: up-to-date pharmacological profile)</i> Indicate if more than one pharmacy: _____	D
	<input type="checkbox"/> Unexplained non-syncopal recurrent falls <i>(Recommended: assessment report in physiotherapy)</i>	C	<input type="checkbox"/> Gait and balance disorders <i>(Recommended: cerebral imaging, assessment report in physiotherapy)</i>	D	

<input type="checkbox"/> Other reason for consultation or clinical priority modification (MANDATORY justification in the next section):	Clinical priority
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Suspected diagnosis and clinical information (mandatory) Attach reports, PMHx, medication list, investigation(s) other consultation(s), etc.	If prerequisite is needed:
MMSE: _____ or MOCA: _____	<input type="checkbox"/> Available in the QHR
	<input type="checkbox"/> Attached to this form
	<input type="checkbox"/> Ordered

User's current living arrangements (detailed):

Main CLSC representative	Name	Area code Phone no.
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Referring physician identification and point of service		Stamp
Referring physician's name		
Licence no.		
Area code Phone no.	Extension	
Area code Fax no.		
Name of point of service		

Signature	Date (year, month, day)
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Family physician: <input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician	Registered referral (if required)
Family physician's name	If you would like a referral for a particular physician or point of service
Name of point of service	

Legend

¹ BPSD: Behavioural and Psychological Symptoms of Dementia

² HCS: Home Care Services

³ Elder Abuse: “*Elder Abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.*” (World Health Organization, 2002).

⁴ The Ligne « Aide Abus Aînés » (Elder Mistreatment Helpline) is a provincial helpline and referral service for those seeking support and information in cases of elder mistreatment. Elder Mistreatment Helpline (LAAA): 1 888 485-ABUS

Clinical alerts (non-exhaustive list)

Refer the patient to the Emergency-department

- Delirium or altered level of consciousness
- Older person with an immediate and significant danger affecting their safety or that of his/her entourage
- Fall with prolonged stay on the ground or significant inability to ambulate