



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, 3<sup>rd</sup> line specialized outpatient clinics, memory clinics, day hospitals, outpatient geriatric and psychogeriatrics teams, geriatric outpatient services, pain clinics, fall clinics, BPSD<sup>1</sup> 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			

<b>All users must be accompanied by a caregiver</b> (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 <sup>3-4</sup> : 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 <sup>1</sup> 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 <sup>2</sup> 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 <sup>2</sup> 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"/> <b>Other reason for consultation or clinical priority modification (MANDATORY justification in the next section):</b>	Clinical priority
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<b>Suspected diagnosis and clinical information (mandatory)</b> Attach reports, PMHx, medication list, investigation(s) other consultation(s), etc.	<b>If prerequisite is needed:</b>
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):

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

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

## Legend

<sup>1</sup> BPSD: Behavioural and Psychological Symptoms of Dementia

<sup>2</sup> HCS: Home Care Services

<sup>3</sup> 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).

<sup>4</sup> 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