

## Outpatient Services Centralized Intake Referral Form– *Important Information*

- **Please proceed to page two for the actual referral form**
- Referrals are triaged via our Central Navigation Office. Fax ALL referrals to 647-788-2199 ONLY.
- Call Central Intake at 416-785-2500 ext. 2100 with referral process questions.
- **We are not a crisis or emergency services.** Direct clients needing immediate help to the nearest emergency dept or call 911.
- Incomplete Referrals delay services; name, healthcard number, patient contact information and referrer signature and mandatory.
- Baycrest is a research and teaching facility affiliated with University of Toronto; trainees from various disciplines may assess patients..

Service	Description	Exclusion Criteria		
<b>Outreach: Integrated Community Care Team (ICCT)</b>	<p>The ICCT is a non-emergency outreach service for medically complex homebound older adults in our catchment area. Referrals are made by primary care physicians or NPs and individuals are assigned to streams based on their needs: Geriatric Consultation, Shared Care, or Primary Care. Please note that emergency visits cannot be provided and we work Monday to Friday from 9:30 am to 4:30 pm.</p> <ul style="list-style-type: none"> <li>• <i>Geriatric Consultation</i> includes a Comprehensive Geriatric Assessment in the home with recommendations for the referring health care provider.</li> <li>• <i>Shared Care</i> involves home visits and primary care shared with the individual's family physician, usually for a short period.</li> <li>• <i>Primary Care</i> may be assumed by ICCT for homebound individuals who cannot access a family doctor, with a waitlist for the program.</li> </ul>	<ul style="list-style-type: none"> <li>• Age &lt;65</li> <li>• Resides outside of our catchment area</li> <li>• Active mental health issues in isolation, or which require treatment before a medical treatment plan can be effectively implemented</li> <li>• Requires Palliative Care</li> <li>• Refuses HCCSS and/or other community supports</li> </ul>		
<b>Clinic: Geriatric Assessment Clinic</b>	<p>Older adults in the community with complex medical issues, functional decline, or memory concerns may benefit from a Comprehensive Geriatric Assessment by one of our RCPSC-certified Geriatricians. Their holistic approach includes the 5 M's: Mind, Mobility, Medications, Multi-morbidity, and what Matters most, patient-centered care. Referrals must come from a primary care physician or NP, and we can connect individuals with other Baycrest and community programs if needed. Patients must be connected with a PCP (MD or NP) to be considered for this service.</p>	<ul style="list-style-type: none"> <li>• Age &lt; 65 yrs with a single/uncomplicated medical complaint</li> <li>• Age &lt; 70 yrs with cognitive complaints and an uncomplicated medical history</li> <li>• Homebound; unable to attend outside appointments</li> <li>• Active mental health issues in isolation, or which require treatment before a medical treatment plan can be effectively implemented</li> <li>• Patients who present exclusively with Responsive Behaviors of dementia.</li> </ul>		
<b>Day Treatment Centre (12 weeks)</b>	<p>The Saul and Rae Saltzman Day Treatment Centre (DTC) is a multidisciplinary Geriatric Day Hospital program for community-dwelling older adults with complex medical conditions who require the services of at least two clinicians (MD/RN/SW/SLP/PT/OT). Clients attend 2 three-hour sessions per week for up to 12 weeks, with a physician or NP referral required. The program is covered by OHIP and aims to help clients maximize their function and independence.</p>	<ul style="list-style-type: none"> <li>• Age &lt; 65</li> <li>• Requires only one discipline</li> <li>• Unable to function independently within the program or unable to attend with a support person</li> </ul>		
<b>Fall Prevention Program</b>	<p>A community-based program with the aim to prevent falls and injury. Clinical assessments for falls risk and balance will guide the program for a group size of 8-10 participants. This 10 week program meets 1x/week for 80 minutes. Each session includes educational lectures focused on falls prevention strategies followed by an exercise class involving a seated warm-up (10 minutes), moderate level standing strengthening exercises with hand support (20 minutes with rests) and balance activity such as foam pads (1:1 supervision)</p>	<ul style="list-style-type: none"> <li>• Age &lt;65</li> <li>• Not capable of standing unsupported</li> <li>• Unable to walk three metres with or without a gait aid</li> <li>• Lack of cognitive ability to actively participate in discussion or follow up on strategies learned.</li> <li>• Frequent falling due to movement disorder/neurological conditions (i.e. Parkinson's, MS) - consider referral to DTC or movement disorders clinic</li> </ul>		
<b>Outreach: Geriatric Psychiatry Community Outreach (GPCS)</b>	<p>Our outreach team provides mental health assessment and treatment, as well as case management, to homebound seniors aged 65 and over. This service is available to older adults who are unable to attend our onsite clinic due to physical, cognitive, or emotional limitations, whether they live in the community or in a retirement home.</p>	<ul style="list-style-type: none"> <li>• Age &lt; 65</li> <li>• Outside of Catchment area (St Clair to Steeles /Avenue Rd to Dufferin)</li> <li>• The patient has a Psychiatrist</li> <li>• Ambulatory that doesn't require Case Management or Home Visit</li> </ul>		
<b>Clinic: Ambulatory Mental Health Clinic</b>	<p>Our mental health professionals have extensive knowledge and experience in caring for older adults with complex medical and psychosocial issues such as depression, anxiety, and other mental health illnesses. The team in the Clinic offers skilled diagnosis and treatment on an outpatient basis to adults aged 65 and over.</p>	<ul style="list-style-type: none"> <li>• Age &lt; 65</li> <li>• Drug/substance abuse as a main problem</li> <li>• Schizophrenia- Refer to GPCS</li> </ul>		
<b>Psychiatric Day Hospital (16 weeks)</b>	<p>The Psychiatric Day Program at Baycrest offers a multi-component, holistic approach to treatment that includes group therapy and medication management on an outpatient basis for three to four months. Participants learn to better manage the signs and symptoms of their mental illness, develop coping and daily living skills, and practice a healthy lifestyle. In some cases, individual therapy may be offered.</p>	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Age &lt; 65</li> <li>• Psychosis</li> <li>• Mania</li> <li>• Dementia</li> <li>• Not able to toilet independently (unless that have a caregiver)</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Unable to communicate in English</li> <li>• At risk of wandering</li> <li>• Patients who present exclusively with responsive behaviors of dementia.</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• Age &lt; 65</li> <li>• Psychosis</li> <li>• Mania</li> <li>• Dementia</li> <li>• Not able to toilet independently (unless that have a caregiver)</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to communicate in English</li> <li>• At risk of wandering</li> <li>• Patients who present exclusively with responsive behaviors of dementia.</li> </ul>
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<b>Sam &amp; Ida Ross Memory Clinic</b>	<p>The Sam and Ida Ross Memory Clinic offers assessment and management of challenges related to memory and cognitive health. The clinic provides evidence-based care and access to specialists. All clients will be seen by a physician and registered nurse, and referral may be made to a neuropsychologist, social worker, or speech-language pathologist. We welcome adults referred for changes in memory, language, or behavior. Our services include assessment and diagnosis, pharmacotherapy, non-pharmacological management, counseling, and education. We accept adult patients referred from anywhere in Canada or internationally for memory and cognition issues related to neurodegenerative diseases, e.g. dementia.</p>	<ul style="list-style-type: none"> <li>• Developmental disorders (e.g., ADHD, learning disorder)</li> <li>• Chronic fatigue syndrome occupational and environmental exposures</li> <li>• Seizures</li> <li>• Traumatic brain injury</li> <li>• Alcohol or substance dependence or abuse</li> <li>• Multiple sclerosis</li> <li>• Toxic encephalopathy</li> </ul>		
<b>Interprofessional Primary Care Team</b>	<p>The North Toronto Sub Region Interprofessional Primary Care Team is aimed at partnering with solo family physicians in the provision of interprofessional primary care, to patients with chronic conditions that are struggling with managing their health and/or complying with primary care visits /recommendations and are not considered homebound. The team includes NP, OT, PT, SW, MH Case Manager, Dietitian.</p>	<ul style="list-style-type: none"> <li>• The patient is under 18 years of age</li> <li>• Patient already enrolled with an interprofessional team</li> <li>• Outside of catchment area (401 to St. Clair; Dufferin to Yonge)</li> </ul>		

**Please fax referral and related documents to fax: 647-788-2199**

***We are not crisis or emergency services. If your client needs immediate help, please direct them to the nearest emergency dept or call 911***

Name of Patient (Last Name/First Name)		DOB (dd/mm/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Street Name and Number			City	Province	Postal Code
Home Phone	Other phone	Preferred Language? <input type="checkbox"/> English <input type="checkbox"/> Other _____ Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Health Card Number	Version Code
Primary Contact(Last Name/ First Name)		Phone Number	Relation to Patient	Who should be contacted first? <input type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Other Tel.	

**Is the patient homebound?  Yes  No**      **Has the patient/SDM been informed of and consented to referral?  Y  N**

**Safety concerns for providers:**  Smoking  Pets  Infestations  Infections  Weapons  Substance Abuse  Other \_\_\_\_\_  Not sure

**INSTRUCTIONS:** Please Indicate the reason for referral and complete the medical information section and check preferred services. Please note that during the referral review process, patients may be redirected to the most appropriate service (s)

Reason(s) for referral	Medical Information	Preferred Service(s)
<b>Medical/physical</b> <input type="checkbox"/> Frail <input type="checkbox"/> Mobility/Falls # of falls in last 3 mos _____ <input type="checkbox"/> Incontinence- Bladder/Bowel <input type="checkbox"/> Nutrition/ Appetite <input type="checkbox"/> Pain Management <input type="checkbox"/> Medication/Polypharmacy <input type="checkbox"/> Weight Loss _____Kg/lb <input type="checkbox"/> Multiple Comorbidities  <b>Cognitive/Behavioral</b> <input type="checkbox"/> Delirium <input type="checkbox"/> Verbal/Physical Aggression <input type="checkbox"/> Agitation/Wandering <input type="checkbox"/> Delusions/Hallucinations <input type="checkbox"/> Apathy <input type="checkbox"/> Depression/Anxiety <input type="checkbox"/> Suicidal ideation <input type="checkbox"/> Bereavement <input type="checkbox"/> Sleep Problems <input type="checkbox"/> Memory Loss <input type="checkbox"/> Mild <input type="checkbox"/> Mod. <input type="checkbox"/> Severe <input type="checkbox"/> Language Difficulties <input type="checkbox"/> Mild <input type="checkbox"/> Mod. <input type="checkbox"/> Severe <input type="checkbox"/> Mild Cognitive Impairment (MCI)  <b>Psychosocial</b> <input type="checkbox"/> Caregiver/Family Concerns <input type="checkbox"/> Suspected Abuse/Neglect <input type="checkbox"/> Social Isolation  <b>Functional</b> <input type="checkbox"/> ADL/IADL Decline <input type="checkbox"/> Home Safety <input type="checkbox"/> Driving Safety	<p><b>Please provide a brief history of reason for referral/identify primary concern and comorbidities (if applicable)</b></p> <div style="border: 1px solid black; height: 150px; padding: 5px;"> <b>Primary Concern:</b>         <b>Active co-morbidities/co-factors:</b> </div> <p style="text-align: center;"><b>Medical History</b></p> <p><b>Please attach the following information:</b></p> <input type="checkbox"/> Patient Profile <input type="checkbox"/> Past Medical History <input type="checkbox"/> Medication list /Allergies <input type="checkbox"/> Test results (including MMSE cognitive scores, lab and imaging results) <input type="checkbox"/> Relevant Consultation reports (e.g., cardiology, neurology, geriatrics, psychiatry, neuropsychology, and cognitive testing) <input type="checkbox"/> Coordinated Care Plan	<p style="text-align: center;"><b>Geriatric Medicine</b></p> <input type="checkbox"/> Outreach: Homebound ONLY- Integrated Community Care Team (ICTT) <input type="checkbox"/> Clinic: Geriatric Assessment Clinic <input type="checkbox"/> First Available Appointment <input type="checkbox"/> Dr. _____ Only <input type="checkbox"/> Day Treatment Center <input type="checkbox"/> Falls Prevention Program  <p style="text-align: center;"><b>Geriatric Psychiatry</b></p> Current Psychiatrist Name(if applicable)  <input type="checkbox"/> Outreach: Geriatric Psychiatry Community Services (GPCS) <input type="checkbox"/> Case Management <input type="checkbox"/> Home Visit – First Available <input type="checkbox"/> Home Visit- Dr _____ Only <input type="checkbox"/> Clinic: Ambulatory Mental Health <input type="checkbox"/> First Available Appointment <input type="checkbox"/> Dr _____ Only <input type="checkbox"/> Psychiatric Day Hospital  <p style="text-align: center;"><b>Specialized Memory</b></p> <input type="checkbox"/> Sam & Ida Ross Memory Clinic <input type="checkbox"/> First Available Appointment <input type="checkbox"/> Dr. _____ Only  <p style="text-align: center;"><b>Multidisciplinary</b></p> <input type="checkbox"/> Interprofessional Primary Care Team (IPCT)  <p style="text-align: center;"><b>Other</b></p> <input type="checkbox"/> Not Sure
	Name of Family MD  <div style="text-align: center;"><b>Referring source information</b></div> Name of Referring Physician/NP/Healthcare Professional  Signature of Referring Physician/NP/Healthcare Provider	Last Assessment Date  Telephone  Billing#

Space for Referring MD label/stamp(Optional)