

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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Has the patient/SDM been informed of and consented to referral? <input type="checkbox"/> Y <input type="checkbox"/> N		
Safety concerns for providers: <input type="checkbox"/> Smoking <input type="checkbox"/> Pets <input type="checkbox"/> Infestations <input type="checkbox"/> Infections <input type="checkbox"/> Weapons <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Other _____ <input type="checkbox"/> 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)	
Medical/physical <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		Please provide a brief history of reason for referral/identify primary concern and comorbidities (if applicable) Primary Concern: Active co-morbidities/co-factors: Medical History Please attach the following information: <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		Geriatric Medicine <input type="checkbox"/> Outreach: Homebound ONLY- Integrated Community Care Team (ICCT) <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	
Cognitive/Behavioral <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)				Geriatric Psychiatry 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	
Psychosocial <input type="checkbox"/> Caregiver/Family Concerns <input type="checkbox"/> Suspected Abuse/Neglect <input type="checkbox"/> Social Isolation				Specialized Memory <input type="checkbox"/> Sam & Ida Ross Memory Clinic <input type="checkbox"/> First Available Appointment <input type="checkbox"/> Dr. _____ Only	
Functional <input type="checkbox"/> ADL/IADL Decline <input type="checkbox"/> Home Safety <input type="checkbox"/> Driving Safety				Multidisciplinary <input type="checkbox"/> Interprofessional Primary Care Team (IPCT) Other <input type="checkbox"/> Not Sure	
Name of Family MD		Last Assessment Date		Telephone Fax	
Referring source information					
Name of Referring Physician/NP/Healthcare Professional			Telephone		Fax
Signature of Referring Physician/NP/Healthcare Provider			Billing#		Date (dd/mm/yyyy)
					Space for Referring MD label/stamp(Optional)

Outpatient Services – Important Information

- All the referrals are processed and triaged through our Central Navigation Office. Please send ALL referrals to fax: 647-788-2199 ONLY.
- If you have any questions about the referral process, please call Central Intake at 416-785-2500 ext. 2100.

- We are not a crisis or emergency services. If your client needs immediate help, please direct them to the nearest emergency dept or call 911
- Incomplete Referrals will result in delay of services as they cannot be processed until all information is received

- Baycrest is a research and teaching facility fully affiliated with the University of Toronto and in the course of their evaluation patients may be assessed by trainees in a variety of different disciplines.

Outpatient Services for Baycrest

Service	Description	Exclusion Criteria
Outreach: Integrated Community Care Team (ICCT)	The ICCT is a non-emergency outreach service for medically complex homebound older adults who live within our catchment area: Steeles to St. Clair, and Keele to Yonge. Individuals are referred by their primary care physician or NP and assigned to one or more streams according to their needs: Geriatric Consultation, Shared Care, or Primary Care. Please note we work Monday to Friday from 9:30 am to 4:30 pm, and cannot provide same day emergency visits. <ul style="list-style-type: none"> ▪ <u>Geriatric Consultation</u>: a Comprehensive Geriatric Assessment in the home, with recommendations to the referring health care provider. (See Geriatric Assessment Clinics below) ▪ <u>Shared Care</u>: ICCT does home visits and shares the primary care with the individual's family physician. This is usually a short term intervention. ▪ <u>Primary Care</u>: ICCT may assume primary care for homebound people who cannot access to a family doctor. There is a waitlist for this program. 	<ul style="list-style-type: none"> • Age <65 • Resides outside of our catchment area • Active mental health issues in isolation, or which require treatment before a medical treatment plan can be effectively implemented • Requires Palliative Care • Refuses LHIN and/or other community supports
Clinic: Geriatric Assessment Clinic	Older adults in the community who have multiple or complex medical problems, functional decline, and/or memory concerns may benefit from a Comprehensive Geriatric Assessment by one of our Consultants. Our Geriatricians are RCPC-certified specialists in Internal and Geriatric Medicine, whose holistic approach encompasses the 5 M's: Mind, Mobility, Medications, Multi-morbidity, and (what) Matters Most —patient-centered care. Individuals must be referred by their primary care physician or NP. We facilitate referrals to other Baycrest and community programs when indicated.	<ul style="list-style-type: none"> • Age < 65 yrs with a single/uncomplicated medical complaint • Age < 70 yrs with cognitive complaints and an uncomplicated medical history • Homebound; unable to attend outside appointments • Active mental health issues in isolation, or which require treatment before a medical treatment plan can be effectively implemented • Patients who present exclusively with Responsive Behaviors of dementia. .
Day Treatment Centre (12 weeks)	The Saul and Rae Saltzman Day Treatment Centre (DTC) is a multidisciplinary (MD/RN/SW/SLP/PT/OT) Geriatric Day Hospital program for community-dwelling older adults who have complex medical conditions and who require the services of at least two clinicians. Individuals attend 2 three hour sessions per week for a maximum of 12 weeks, depending on their progress. A physician or NP referral is required, and the cost of the program is covered by OHIP. Our primary goal is to assist individuals achieve their maximum functional potential, and to remain as independent as possible for as long as possible.	<ul style="list-style-type: none"> • Age < 65 • Requires only one discipline • Unable to function independently within the program or unable to attend with a support person
Falls Prevention Program	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)	<ul style="list-style-type: none"> • Age <65 • Not capable of standing unsupported • Unable to walk three metres with or without a gait aid • Lack of cognitive ability to actively participate in discussion or follow up on strategies learned. • Frequent falling due to movement disorder/neurological conditions (i.e. Parkinson's, MS) -consider referral to DTC or movement disorders clinic
Outreach: Geriatric Psychiatry Community Outreach (GPCS)	Our community outreach team visits homebound seniors aged 65 and over, where they live, to assess and treat them for mental health issues and help manage their care. Older adults living in the community or in a retirement home who are not physically, cognitively and/or emotionally able to attend our onsite Ambulatory Mental Health Clinic at Baycrest may be eligible for this service.	<ul style="list-style-type: none"> • Age < 65 • Outside of Catchment area (St Clair to Steels /Avenue rd to Dufferin) • The patient has a Psychiatrist • Ambulatory that doesn't require Case Management or Home Visit
Clinic: Ambulatory Mental Health Clinic	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.	<ul style="list-style-type: none"> • Age < 65 • Drug/substance abuse as a main problem • Schizophrenia- Refer to GPCS
Psychiatric Day Hospital (16 weeks)	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.	<ul style="list-style-type: none"> • Age < 65 • Psychosis • Mania • Dementia • At risk of wandering • Not able to toilet independently (unless that have a caregiver) • Unable to communicate in English • Patients who present exclusively with responsive behaviors of dementia.
Sam & Ida Ross Memory Clinic	The Sam and Ida Ross Memory Clinic offers assessment and management of challenges related to memory and cognitive health. The clinic provides expert evidence based care, access to a wide range of specialists. All clients will be seen by a physician and registered nurse. In addition, depending on the individual's need, referral may be made to a neuropsychologist, social worker or speech language pathologist. We welcome adults who have been referred for the following reasons: changes in memory, problems with language, changes in behavior. Our services include: Assessment and diagnosis, Pharmacotherapy, Non-pharmacological management, Counseling, Education. Will accept adult patients referred from anywhere in Canada or internationally whose primary complaint is memory and cognition issues related to neuro-degenerative diseases e.g. dementia	<ul style="list-style-type: none"> • Developmental disorders (e.g.,ADHD, learning disorder) • Chronic fatigue syndrome Occupational and environmental exposures • Seizures • Traumatic brain injury • Alcohol or substance dependence or abuse • Multiple sclerosis • Toxic encephalopathy
Interprofessional Primary Care Team	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.	<ul style="list-style-type: none"> • The patient is under 18 years of age • Patient already enrolled with an interprofessional team • Outside of catchment area (401 to St. Claire; Dufferin to Yonge)