

Phone: (905) 521-2100, ext. 12221 Fax: 1-855-406-2163

rgpc.ca/centralintake/

Central Clinical Intake (CCI) Referral Form HNHB Behavioural Supports Ontario/Specialized Geriatric Services

SERVICES REQUESTE	D				
☐ Geriatric Medicine	☐ Geria	tric Psychiatry	Specific Phy	rsician:	
Region patient prefers to	be served: 🗌 Burlin	gton 🗆 Brant	☐ Haldimand Norfe	olk 🛚 Hamilton	n □ Niagara
Patient also willing to trav	el to: 🔲 Burlin	gton 🗆 Brant	☐ Haldimand Norfe	olk 🗆 Hamilton	n 🗆 Niagara
☐ Behavioural Support *Completion of pg.2 mandat		ity Team	☐ GeriMe	dRisk Consult	
PATIENT DEMOGRAP		() (1		D	h
Address:				PI	hone:
				☐ Two Spirit	☐ Other:
HCN:			☐ FR ☐ Other: _		Needs Interpreter: 🛮 Yes 🗖 No
Living Situation: ☐ Alon					
Primary Care Practitioner	(PCP):				hone:
Mha san usa santash	for ordalisional va	formal inform	ntion 2 set		ax:
First Name:			Last Name:		nate cognitive concerns or issues.
Relationship to Patient:	☐ Spouse	☐ Child	□ SDM □	Other:	
REASON FOR REFERR			e answered? What has c , falls)		
IMPORTANT: Attach	the Following S	pporting Doc	umentation		
☐ Cumulative Patient Pro	file (with medicatio	n list)	☐ Relevant Consult	tation Reports	☐ Cognitive Assessments
REFERRER INFORMA					
					c:
Referrer Role:		Organization:		OHIP Billing	#:
Referrer Signature:				Date:	. dd/mm/www
					aa/mm/www

CONSENT

By signing this form, I acknowledge that the Patient/Substitute Decision Maker (SDM) is aware of the role of CCI in the collection, use and disclosure of personal health information (PHI) with health service providers to assist with the care of the referred patient. Patient/SDM understands that CCI will assess the needs of the referred patient and may direct referrals to a different service than requested based on the information gathered. Patient/SDM understands that they can withdraw consent at any time with all or a subset of service providers with no penalty. The withdrawal of consent does not have retroactive effect, nor does it affect the uses and disclosures of PHI collected by Hamilton Health Sciences as permitted or required by law without consent.

Missing or incomplete information will delay referral processing.





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Patient Last Name:	

INFORMATION REQUIRED FOR BEHAVIOURAL SUPPORTS ONTARIO

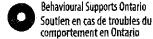
Please complete only for the behaviours that are present

Category	Behaviours	<u>N</u> ew or <u>L</u> ongstanding	Mandatory: please add additional detail such as context, triggers, severity, what has been tried, etc.
	Hitting, kicking, pushing, scratching, grabbing		
	Throwing things		
Physical	Refusal of care (physical)		
	Active attempts to leave (exit seeking)		
	Wandering (not exit seeking)		
	General restlessness		
	Repetitive mannerisms		
	Collecting, hiding items	_	
	Expressive vocalizations (yelling, screaming, complaining, arguing)		
Verbal	Swearing		
verbai	Refusal of care (verbal)		
	Repetitive sentences, requests		
	Calling out Making strange noises		
	Visual/perceptual disturbances/hallucinations		
	Paranoia		
	Delusional thinking	_	
Other	Disinhibited behaviours	-	
	(verbal or physical)	<u>_</u>	
	Sexual behaviours (verbal or physical)		
	Risky behaviours (unsafe driving, kitchen safety)		

Attach additional information as needed.

Additional Comments		
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The Central Clinical Intake (CCI) team provides an intake service for community based Specialized Geriatric Services (Geriatric Medicine & Geriatric Psychiatry), Behavioural Supports Ontario (BSO) Community Teams, and GeriMedRisk for the areas of Hamilton, Niagara, Haldimand, Norfolk, Brant, and Burlington.

	Services Available Through Central Clinical Intake
Geriatric Medicine	Provides medically complex older adults with comprehensive geriatric assessment, diagnosis, treatment, and follow-up. Typical concerns: frailty, falls, continence, cognitive decline, polypharmacy, bone loss/osteoporosis
Geriatric Psychiatry	Provides comprehensive geriatric psychiatry assessment and treatment for older people who are experiencing symptoms of serious mental illness. May include first occurrence of the illness, or an individual requiring longer term intervention. Typical concerns: behavioural concerns, psychosis, mood disorders, polypharmacy, substance use, anxiety, low mood, increased worry
	Central Clinical Intake may reroute a referral to Geriatric Medicine or Geriatric on the information gathered and in consultation with the service providers.
BSO Community Teams	Behavioural management community outreach teams provide specialized behavioural assessments, care planning, non-pharmacological interventions for older adults and their care partners in the community. This includes private dwellings, retirement homes, and assisted living. For long-term care home referrals, please contact (905) 627-3541 ext. 2125.
	Typical concerns: responsive behaviours related to dementia, complex mental health issues, and/or other neurological conditions
GeriMedRisk	Telephone/eConsult service supporting physicians, nurse practitioners, and pharmacists requiring medication assistance for complex physical and/or mental health cases. Service team includes access to: Geriatric Psychiatrist, Geriatric Pharmacist, Clinical Pharmacologist, and Geriatrician and can involve any combination of specialties in the consult. GeriMedRisk will contact your patient for a best possible medication history. Written response and geriatric drug information materials received within a median of 5

Specialized Geriatric Services (SGS) and BSO do not offer assessments for legal purposes, such as capacity assessments or functional driving assessments. BSO and SGS typically see patients 65 years of age and older. Patients younger than 65 are eligible for service if they are experiencing complex issues typically associated with aging.

Patients must have a Primary Care practitioner to access Geriatric Medicine, Geriatric Psychiatry, or GeriMedRisk.

Patients with cognitive issues must have a care partner identified on the referral form.

IF YOUR PATIENT IS IN CRISIS AND REQUIRES IMMEDIATE HELP, PLEASE CALL 911, A LOCAL MENTAL HEALTH CRISIS TEAM, OR DIRECT THEM TO AN EMERGENCY DEPARTMENT

Hamilton COAST: 905-972-8338

Niagara COAST: 866-550-5205, x 1 Brant COAST: 866-811-7188

Halton COAST: 877-825-9011

Haldimand & Norfolk CAST: 866-487-2278

Missing or incomplete information will delay referral processing. Do not fax this page with your referral.