



**NORTH  
YORK  
GENERAL**

*Making a World  
of Difference*

**SPECIALIZED GERIATRIC  
SERVICES**

**REFERRAL FORM**

**TEL: (416) 756-6871**

**FAX: (416) 756-6438**

*Please include related  
consultation notes and/or  
lab results*



**REGIONAL GERIATRIC  
PROGRAM OF TORONTO**

Name of Client

☐ M ☐ F

*surname*

*first name*

Address

ON

*Street Name and Number*

*Apartment*

*City*

*Prov.*

*Postal Code*

Phone #

Marital Status

Health Card #

DOB

*version code*

*d / m / y*

Contact Person for booking

Relationship

Phone #

Is client/substitute decision maker agreeable to referral ☐ Yes ☐ No

**INSTRUCTIONS:** Please indicate reason(s) for referral, complete the medical information section and check preferred service. By completing this referral form, your patient will have access to specialized geriatric medicine and geriatric psychiatry services. Each referral will be triaged to the most appropriate service(s).

**REASON[S] FOR REFERRAL**

[check all that applies]

☐ Medical/Physical

☐ Mobility

☐ Falls

☐ Incontinence

☐ Delirium

☐ Pain management

☐ Medication/Polypharmacy

☐ Sleep

☐ Weight loss/nutrition

☐ Cognitive/ Behavioural

☐ Verbal/ Physical aggression

☐ Cognition/Dementia

☐ Delusions/ Hallucinations

☐ Depression

☐ Wandering

☐ Psychosocial

☐ Caregiver/Family issues

☐ Elder Abuse

☐ Social isolation

☐ Functional

☐ ADL/IADL Decline

☐ Home safety

☐ Other (please specify):-----

**MEDICAL INFORMATION**

Main Concern(s)

Medical History ☐ [documentation attached]

(please attach copy of Cumulative Patient  
Profile[CPP] if available)

MEDICATIONS ☐ [documentation attached]

**AMBULATORY SERVICES**

☐ **Geriatric Day Hospital** Interdisciplinary outpatient rehab and wellness program.

☐ **Geriatric Medicine Clinic** Comprehensive assessment by geriatrician and nurse.

☐ **Geriatric Psychiatry Clinic**

☐ Consult only (by Psychiatrist)  
OR

☐ Consult & short term follow up

☐ **Memory Clinic** Consult by interdisciplinary team & geriatric physician.

☐ **Geriatric Parkinson's Clinic** Comprehensive assessment by physician & pharmacist.

☐ **Parkinson's Education & Ex. Program** Pharmacist/Physiotherapist consultation & group education.

☐ **Osteoporosis & Fracture Prevention Clinic**

Comprehensive assessment by geriatrician and a pharmacist/nurse

**OUTREACH SERVICES**

☐ **Geriatric Medicine Outreach Team** In home medical/functional assessment by clinician & geriatric physician.

☐ **Geriatric Psychiatry Outreach Team** In home psychiatric assessment.

Name of Referring MD (please print)

Phone No.

Signature of Referring MD

Date (d/m/y)

Name of Family MD (please print)

Phone No.

Signature of Family MD

Date (d/m/y)

Geriatricians: Dr. Amanda Goldberg, Dr. Nihal Haque, Dr. Bianca Petrut, Dr. Stephanie Siu

Psychiatrists: Dr. Goran Eryavec, Dr. Anne Ferguson, Dr. Marianna Hill, Dr. Franklin Wong,

Care of Elderly: Dr. Patrick Chu, Dr. Mihaela Cordos, Dr. Joyce Lee GP: Dr. Stephanie Klein, Dr. Jessica Wilson

Neurologist: Dr. Joyce Tang

NP (Outreach Team): Donna Ruffo