VANCOUVER ISLAND health authority

Seniors Health Referral Form

For specialty referrals in Seniors Health, including
Geriatric Medicine & Psychiatry, &
Outreach Services (SORT, formerly VISTA & EOS)
South Island (south of Cedar)

PHONE:
250-370-8565 or 1-855-370-8565
FAX:
250-519-1904 or 1-855-519-1904

Client/Patient Information

First Name:	Last Name:	Gender: ☐ M ☐ F	Date of Birth: day / month / year
Address or Current Care Location:		PHN:	MRN:
Home Phone:	Cell Phone:		
Can patient book own appointments? ☐ Yes ☐ No *If No, please provide alternate contact info* Name:	Relationship:	Phone:	
Next of Kin Name: Phone:	Relationship: Permission to contact? ☐ Yes ☐ No		

Referral Information

Family Physician:	Phone:	Fax:
Referring Physician/Clinician: (if different than Family Physician)	Phone:	Fax:

Reason for Referral (please attach consult letter & all relevant test results):

Clinical Features (for any identified as "yes" please provide additional information)

Risk of self-harm/suicidality: ☐ Yes ☐ No ☐ Unknown

Urgent safety issues: ☐ Yes ☐ No ☐ Unknown
Elder abuse, wandering risk, fire risk, etc.

Cognitive issues: ☐ Yes ☐ No ☐ Unknown
If possible, provide MMSE Score_____, MoCA Score_____

Diagnosis of Dementia: ☐ Yes ☐ No ☐ Unknown

Aggressive or psychotic behavior: ☐ Yes ☐ No ☐ Unknown

Mood Disorder: ☐ Yes ☐ No ☐ Unknown

Previous psychiatric involvement: ☐ Yes ☐ No ☐ Unknown

Drug or alcohol abuse: ☐ Yes ☐ No ☐ Unknown

History of falls: ☐ Yes ☐ No ☐ Unknown

Mobility issues: ☐ Yes ☐ No ☐ Unknown

Complex Medical/Health: ☐ Yes ☐ No ☐ Unknown

Current Medications:

Any allergies? ☐ Yes ☐ No

Labs & diagnostics up to date?: ☐ Yes ☐ No

Physician/Clinician Signature:	Date of Referral:

For Intake Clinician: ☐ Urgent ☐ Semi-urgent ☐ Non-urgent Other Information: