Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg
Caring for Health | *À l'écoute de notre santé*

GERIATRIC OUTREACH SERVICES REFERRAL FORM

☐ Geriatric Program Assessment Team
☐ Geriatric Mental Health Team
Phone: 204-982-0140 Fax: 204-982-0144

Client Health Record #
Client Surname
Given Name
Date of Birth
Gender
MFRN
PHIN
Address

FULL NAME:	Address:	Postal Code:	Phone:

Date of Birth: Age:	Health Card #:	PHIN:	Languages Preferred: ☐ Interpreter Required

☐ Male ☐ Undifferentiated ☐ Female ☐ Unknown	Resides With: ☐ Spouse ☐ Alone ☐ Other:

AGENCIES INVOLVED:

Psychiatrist:		Phone:	Fax:
Day Hospital ☐ Yes ☐ No Site:	Mental Health ☐ Yes ☐ No Site:	Community Therapy Services ☐ Yes ☐ No	Other:
Home Care Case Coordinator:		Phone:	Fax:
Primary Care Provider (e.g. Physician, Nurse Practitioner):		Phone:	Fax:
Address:	Postal Code:	Is Primary Care Provider aware of concerns? ☐ Yes ☐ No	
Legal/Financial Arrangements: ☐ Self ☐ Power of Attorney ☐ Committeeship ☐ Public Trustee	Power of Attorney/Committeeship Held By:	Phone:	

TO ARRANGE APPOINTMENT CALL: ☐ CLIENT or ☐ CONTACT(S)

Primary Contact:	Relationship:	Phone:
Alternate Contact:	Relationship:	Phone:

Has client been advised of referral? ☐ Yes ☐ No Are contacts aware of referral? ☐ Yes ☐ No

ISSUES:

☐ Abuse (financial)	☐ Behaviour	☐ Depression	☐ Housing/Squalor	☐ Medication	☐ Psychosocial Decline
☐ Abuse (physical/verbal)	☐ Caregiver Burden	☐ Driving	☐ Immobility/Falls	☐ Mental Health Issues/ Diagnosis	☐ Social Issues
☐ Anxiety	☐ Cognition/Memory Loss	☐ Functional Decline	☐ Incontinence		☐ Other

DESCRIBE SITUATION:

DIAGNOSES/PAST MEDICAL HISTORY (ATTACH SPECIALIST/ALLIED HEALTH ASSESSMENTS): Info Attached ☐ Yes ☐ No

EXPECTATION (QUESTION) FOR THE TEAM?

Duration of Problem: ☐ Less than 2 weeks ☐ 2 - 4 weeks ☐ 4 weeks - 6 months ☐ Greater than 6 months	Date and Location of Last Hospital Admission or Emergency Department Visit:

Signature of Referring Source:	Printed Name of Referring Source:	Date of Referral:

Program/Agency/Facility:	Phone:

For Internal Office Use Only	GMHT	☐ RE/TRANS	☐ SJ/ASSIN	☐ DT/PD	GPAT	☐ DLC	☐ HSC	☐ RHC
		☐ SO/INK	☐ SB/SV	☐ RH/FG		☐ SOGH	☐ SBH	☐ CH