Vancouver Coastal Health
Promoting wellness. Ensuring care.

Richmond Community Health Access Centre
3rd floor – 7671 Alderbridge Way
Richmond, BC V6X 1Z9
Telephone (604) 675-3649
Facsimile (604) 297-9695

GERIATRIC ASSESSMENT PROGRAM REFERRAL FORM

THIS IS NOT AN EMERGENCY SERVICE

Date of Referral: _____

Patient's Last Name: _____ First Name: _____ Gender: _____

PHN: _____ Date of Birth: _____ Phone: _____

Home Address: _____

Does the patient live alone? Yes ☐ No ☐ Is the patient able to leave the home? Yes ☐ No ☐

Interpreter required? Yes ☐ No ☐ Specify language: _____

Safety Alert: ☐ (e.g. History of violence). Describe: _____

Caregiver / Substitute Decision Maker / Primary Contact Info **Required**

Last Name: _____ First Name: _____

Phone: _____ Relationship to Patient: _____

Appointment to be made with caregiver? Yes ☐ No ☐ If no, with whom (name & phone) _____

Consent from patient for caregiver to be contacted? Yes ☐ No ☐

Patient eligibility: Please ensure your patient is eligible for our program by checking the following

- ☐ Is aged 70 years or over
- ☐ Lives in Richmond
- ☐ Consents to participate in our program
- ☐ Has an active Primary Care Provider

Reason for Referral and Pertinent Medical History:

- ☐ Cognitive decline
  - FMMSE score: _____
  - MoCA score: _____
- ☐ Functional decline
- ☐ Depression/Anxiety
- ☐ Behavioural changes
- ☐ Mobility issues/falls
- ☐ Polypharmacy
- ☐ Recurrent exacerbations of chronic conditions

Please provide details:

If this referral needs to be prioritized, please provide a separate accompanying letter with clear medical reason.

Referring Physician Name: _____ Referring Physician Signature: _____

Phone #: _____ Fax #: _____ MSP #: _____

Family Physician Name & MSP # (if different from referring physician): _____

Please attach relevant: Diagnostic imaging reports, Consultations, Discharge summaries
If labs have not been done in the past 6 months, please order:
CBC, lytes, creatinine, B12, calcium, TSH, albumin, liver enzymes, ECG, Syphilis serology (if clinically indicated)

(Office Use Only) PARIS ID: _____

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Geriatric Assessment Program (GAP)

GAP is a comprehensive geriatric consultation and treatment program for **Richmond residents, age 70 and older**. The GAP is staffed by geriatric medicine specialists, nursing, occupational therapy, physiotherapy as well as a program assistant who coordinates our activities.

Guidelines for referrals to the Geriatric Assessment Program (GAP)

Referrals to GAP must be initiated or approved by a physician. The GAP is a consultative, time-limited service, not intended to replace the care provided by the Family Physician. The GAP is a referral based sub-specialty program. We are not able to provide primary care for referred patients who are not attached to a family physician. **Every patient referred to GAP must have a designated Primary Care Physician.**

We are not equipped to assist you with:

1. Presence of acute illness requiring 24 hour care
2. Uncontrolled aggressive behavior / elopement risk
3. Significant mental health concerns e.g. primary concern is psychiatric illness, patients known to be actively suicidal
4. End stage metastatic disease requiring palliative care
5. Driving evaluations
6. Medico-legal assessments
7. Assessments for facility placement
8. Referrals for stand-alone Physiotherapy, Occupational Therapy or Case Management services

Please note: **GAP IS NOT AN EMERGENCY SERVICE.**

Home visits are done on exceptional basis only and eligibility is determined by GAP intake clinician.

Completed referral form & required medical information must be faxed prior to an appointment being arranged.
Phone: 604-675-3649 Fax: 604-297-9695

Please attach relevant: Diagnostic imaging reports, Consultations, Discharge summaries
If labs have not been done in the past 6 months, please order:
CBC, lytes, creatinine, B12, calcium, TSH, albumin, liver enzymes, ECG, Syphilis serology (if clinically indicated)

(Office Use Only) PARIS ID: _____