



Seniors Mental Health Programs Edmonton Zone

Please send referral to one program only

Integrated Referral

Telephone

780.342.7700
780.424.4660
780.342.6552
780.735.8820
780.735.3300

Programs

Addiction and Mental Health Clinic Geriatric Psychiatry Services (108 St)
Covenant Health Community Geriatric Psychiatry - Hys Centre
Covenant Health Geriatric Psychiatry (Villa Caritas)
Glenrose Specialized Geriatric Psychiatry (all services)
Continuing Care Psychiatric Consulting Service (CCPCS)

FAX

780.342.7621
780.424.4964
780.342.6579
780.735.8821
780.735.3344

** Covenant Health (former AHE)

Geriatric Psychiatry Service Requested

- In-home assessment / treatment
- Outpatient clinic assessment / treatment
- Day Program (Covenant Health; Hys Center, Ermineskin)
- Community Consultation

- Day Hospital (Glenrose S.T.A.R.T. Psychiatry)
- Inpatient assessment / treatment
- Follow up post discharge
- Telepsychiatry consultation
- Unsure

Reason for referral / current concerns:

Client Information: please print clearly

Name (last) _____ (first) _____
 DOB (yyyy/mm/dd) _____ Gender M F PHN: _____
 Address _____
 City _____ Postal Code _____
 Home Phone _____ Alternate Phone _____

Living Situation home lodge assisted living
 care facility supportive living (DAL) other
 Lives with spouse other family alone other

Current location is: _____
 Contact person: _____
 Phone: _____ Relationship _____

Referring source _____ Family Physician _____
 Program area _____ Physician number _____
 Phone _____ Phone _____
 Fax _____ Fax _____

Does the Family Physician agree with the referral? _____
 Does the Client / Guardian / Agent agree with referral? _____

Providers / Services Currently Involved
 Home Living Supportive Living Day Program
 Case Manager _____ Client Coordinator _____ Contact _____

Phone: _____ Phone: _____ Phone: _____
 Mental Health - specify and contact information
 Previous Geriatric / Psychiatric Assessment (attach summary)

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Integrated Referral
Medical History:

At risk for hospitalization due to acute medical condition? _____

Pending Medical Consults (notes & dates)

Psychiatric History:
Psychosocial (check all that apply)

1. **Mood** depressed anxious angry euphoric
 suicidal thoughts thoughts of harming others other _____

Screen	Score	Date	Screen	Score	Date
GDS			Cornell		

2. **Behaviour** agitation aggression-physical aggression-verbal impulsive
 wandering disinhibited withdrawn rummaging hoarding
 vocalizing sun downing insomnia resisting care

3. **Thought Disturbance** hallucinations paranoia delusional

4. **Substance Use** tobacco ETOH other _____
Treatment Program Yes No date _____ site _____

5. **Cognitive Status** impaired? Yes No
 judgment impaired insight impaired executive dysfunction

Screen	Score	Date	Screen	Score	Date
SMMSE			EXIT		
MoCA			FAB		
RUDAS					

- Communication impaired? normal expressive
 receptive other _____

6. **Associated Changes?** no change sleep / rest pattern appetite
 weight energy level interests / activities
 functional ability (specify) _____

Attach

- Copies of relevant consultations Medication profile (length of time on medication)
 PT / OT / SW / Nursing and Physician Progress Notes and/or summary notes of prior 3 to 7 days Behaviour-mood observation tracking / summary

NOTE: Please DO NOT send information that is available on NetCare