SOUTHLAKE
REGIONAL HEALTH CENTRE

Urgent Geriatric Clinic
Southlake Village, 5th floor
640 Grace Street,
Newmarket, ON L3Y 8V7

Tel: 905-895-4521, ext. 2102
Fax (905) 952-2453

Health Record #: ______________________ Complete or place patient label here
Patient Name: *(Print first, last)* ______________________
DOB: dd / mm / yy Age: ______ ❑ Female ❑ Male
OHIP #: ______________ Version Code: ______________
Account #: ______________ Date of Admission: dd / mm / yy

Urgent Geriatric Clinic (UGC) Referral

Geriatricians, Nurse Practitioners, Reg. Practical Nurses, Palliative Care Physicians

Please fax to 905-952-2453

Patient information *(required)*:

Patient Name and MRN: (print first, last) | Date: dd / mm / yy

Address: Street Number + Name | Apartment | Date of Birth: ____/____/____

City | Province | Postal Code | Phone Number: (   )

Contact Person/SDM/POA *(required)*:

Name: (print first, last) | Relationship: | Phone Number: (   )

❑ Patient has provided consent for UGC to contact above mentioned person

Reason(s) for Referral *(check all that apply)*:

Post Discharge Follow-up for an Acute Medical Issue

❑ Frequent admissions/ED visits (2 or more ED visits in 3 months)
❑ Follow-up post-hospitalization with established diagnosis and plan of care
❑ No family physician (the UGC will provide short term follow-up and connect patient to PCP – FMD/NP)

Palliative Care Consultation

❑ Palliative care consultation with palliative care specialist for cancer and/or non-cancer diagnosis
❑ Other (please specify:): ______________________

Background: (if referring for cognitive impairment please provide brief history. Please use this section to provide UGC team with any additional relevant information as required): ______________________
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Geriatric Consultation

❑ Cognitive impairment/dementia (please provide brief history in background section of form)
❑ Responsive behaviours
❑ Depression
❑ Functional decline/frailty
❑ Falls/mobility
❑ Home safety
❑ Medication review/polypharmacy/de-prescribing
❑ Malnutrition/weight loss
❑ Issues with sleep
❑ Incontinence/constipation
❑ Caregiver stress
❑ Lives alone and/or needs community resource linkage

*UGC is NOT for acute situations such as acute chest pain, acute abdomen pain, and acute neurological concerns.
For investigations and management of illness of internal medicine nature, please kindly refer to the Urgent Medicine Clinic.*

For community referrals please include relevant reports, labs and diagnostic imaging

Referring Physician/Nurse Practitioner/GEM Nurse: | Referral source: (❑ inpatient or ❑ community)

Name: (print first, last) | Unit:

Signature: | Date: dd / mm / yy

Phone number and extension: (   ) | Billing#:

For Admininistration
1. Please fax referral to the UGC at 905-952-2453
2. Enter order on Meditech (for referrals from Southlake Regional Health Centre)
UGC will contact patient directly with appointment date/time after receiving this referral request. Thank you.