WRHN @ Chicopee
Waterloo Regional Health Network

Patient Label

WRHN @ Chicopee Geriatric Assessment and Neurobehavioural Unit (GAU & NBU) Referral Form

Eligibility Criteria	Ineligibility Criteria
• Most appropriate for individuals aged 65 years of age and older. Younger individuals considered on a case-by-case basis • Requires in-depth multidisciplinary assessment of post-acute complex medical/functional problems • Co-morbid psychiatric issues (not primary diagnosis) • Experiencing: polypharmacy, sudden change in cognition, increasing falls, multiple hospital admissions, escalating home care needs • Mild to moderate personal expressions of risk that are not effectively managed in their current environment • Optimized community and/or acute care supports (BSO, SGS, OH@H, Geriatrician) • Consent from Patient/SDM	• Exhibiting severe personal expressions of risk with potential of harm to self, others or property (i.e. hitting, punching, kicking) • Formed under the Mental Health Act • Requiring seclusion • Requiring constant care • Requiring high-flow oxygen (>4L/min.) • Primary psychiatric diagnosis • Exacerbation of a chronic psychiatric diagnosis requiring monitoring or psychiatric medication adjustment • Acute respiratory failure or tracheostomy • Peritoneal Dialysis • Chest Tubes

Informed Patient / SDM Consent

Consent Attached: ○ Yes ○ No

Contact Information

Next of Kin / Primary Contact:

Relationship: ☐ POA ☐ SDM ☐Spouse ☐Other

Contact Information (Address/telephone):

Other Emergency Contacts (If Different Than Above):

Sending Facility, Unit, or Agency:	**Contact Information:**

Geriatric Assessment /Neurobehavioural Specific Goals

	Y	N
Comprehensive Geriatric Assessment ☐ Medical ☐ Functional ☐ Cognitive ☐ Psychosocial	○	○
Assess and Manage Behavioural and Psychological Symptoms of Dementia (BPSD)	○	○
Polypharmacy\Medication Optimization	○	○
Manage Existing and Resolving Delirium	○	○
Other Goals:	○	○

WRHN @ Chicopee
Waterloo Regional Health Network

Patient Label

WRHN @ Chicopee Geriatric Assessment and Neurobehavioural Unit (GAU & NBU) Referral Form

Medical Information			
Primary Diagnosis			
Relevant Co-Morbidities			
Active Medical Issues			
Follow-up Appointments/Imaging/Pending Investigations/Surgical Dates:			

Clinical Information if Not Available in Cerner			
Height	Weight		Code Status
Allergies:			
Isolation Status: ☐ MRSA ☐ VRE ☐ ESBL ☐ CPE ☐ C.Diff ☐ Droplet ☐ Other			
Hearing Impaired: Yes ○ No ○	Hearing Aids Yes ○ No ○	**Visually Impaired**: Yes ○ No ○	Glasses: Yes ○ No ○
Speech Communication:	☐Aphasia/Dysarthria	☐Difficulty Communicating	☐Unable to Communicate
	Language:		
Nutrition:	Diet Type:		Enteral Feeds:
	Texture:		Dentures:
	Fluid Consistency:		Swallowing Concerns:
Bladder:	Routine Toileting ○	Occasionally Incontinent ○	Incontinent ○
Full Control ○	Foley Catheter ☐	Size	Change Due Date
Bowel:	Routine Toileting ○	Occasionally Incontinent ○	Incontinent ○
Full Control ○	Date of Last BM:		
Ostomy:	Y ○ N ○	Ileostomy: ○	Colostomy: ○
	Independent with Care ○	Requires Assistance ○	Total Care: ○

WRHN @ Chicopee
Waterloo Regional Health Network

Patient Label

WRHN @ Chicopee Geriatric Assessment and Neurobehavioural Unit (GAU & NBU) Referral Form

IV Therapy:	Y○ N○	Fluid/Rate	
IV Medications	Y○ N○	Frequency/Duration	
PICC Line	Y○ N○	Length/Location	
Dialysis:	Y○ N○	Frequency/Duration	
Skin Condition	Rashes☐	Incision ☐	Requires Positioning☐
	Open Sores ☐	Dressings ☐	Requires Foot Care☐
	Decubitus Ulcers☐	VAC Dressings ☐	Burns ☐
Attach supporting documentation, including specific interventions (E.g., Nursing notes, wound care directions).			
Respiratory Requirements			
Supplemental Oxygen	Y○ N○	Route:	L/MIN
CPAP	Y○ N○	Patient Owned:	Y○ N○

Cognition

WNL = Within normal limits I= Impaired

	WNL	I	Comments
Cognitive Function	○	○	
MOCA Score	○	○	
Orientation (person, place, time)	○	○	

Personal Expression of Risk:

☐ Vocal Expressions (Asking Questions, Crying, Humming, Moaning, repeating words, Requests, grunting)	☐ Motor Expression (Banging, collecting, disrobing, entering other spaces, fidgeting, grinding teeth, pacing, rocking, rummaging, trying to leave)	☐ Sexual Expressions (Sexual questions, threats, gestures, requesting favours, exposing genitals, self-pleasure in public, unwanted touching)
☐ Verbal Expressions (Derogatory insults, screaming, swearing, threatening)	☐ Physical Expressions (Biting, choking others, grabbing, hair pulling, hitting, kicking, pinching, punching, pushing, scratching, self-injuring, spitting, throwing)	

Interventions:	Medication changes **(in the last 72 hours)**	Y○	N○
	PRN use for behaviour **(in the last 72 hours)**	Y○	N○
	Restraint use **(in the last week)**	Y○	N○
	Constant care/increased observation **(in the last week)**	Y○	N○
	Threat Alert?	Y○	N○
	BSO involvement	Y○	N○
	Behaviour Management Plan **(please attach)**	Y○	N○

WRHN @ Chicopee
Waterloo Regional Health Network

Patient Label

WRHN @ Chicopee Geriatric Assessment and Neurobehavioural Unit (GAU & NBU) Referral Form

ADL & Mobility Function Ind = Independent SU = Setup S = Supervision A = Assistance					
	Ind	SU	S	A	Comments (Min/Max/Mod/Ax1/Ax2/Baseline)
Feeding	○	○	○	○	
Grooming	○	○	○	○	
Toileting	○	○	○	○	
Bathing	○	○	○	○	
Dressing	○	○	○	○	
Supine to Sit	○	○	○	○	
Bed to Chair	○	○	○	○	
Ambulation	○	○	○	○	
Stairs	○	○	○	○	

Falls History	
Falls History: Y ○ N ○	Date of last Fall:
Weight Bearing Status	○ Full ○ Partial ○ non-weight bearing
Current Mobility Aid	
Movement Restrictions	
Current Equipment Needs	
PT Assessment Date:	OT Assessment Date:

Discharge Planning		
Has discharge plan been initiated? Y ○ N ○	If Yes:	
*Attached discharge planning notes	Home independently ○	Home w/supports ○
	RH:	
	LTC:	
Prior Home Care Supports:		
Anticipated Discharge Concerns:		

Contributing Staff	Professional Designation and Contact Info