Vancouver CoastalHealth
Promoting wellness. Ensuring care.

West Community Health Centre
#241 – 2121 Marine Drive
West Vancouver, BC V7V 4Y2
Tel 604-904-6200 * Fax 604-913-0066

REQUEST FOR COMMUNITY GERIATRIC SERVICES

Geriatric Outreach Program/Geriatric Assessment Clinic/Older Adult Mental Health Team

Patient Name	DOB	Gender M F	Marital Status
Address	Telephone	PHN	
Contact Person	Relationship	Telephone	
Is patient aware of this referral? Yes No	Additional contact advice?		
Physician Name / MSP#	Telephone	Fax	
Referral Source	Telephone	Fax	

REASONS FOR REFERRAL Please check one box:

***Primarily* Medical** (Geriatric Outreach Program/ Geriatric Assessment Clinic) ☐	***Primarily* Psychiatric** (Older Adult Mental Health Team) ☐
Can patient come to the office? Yes No	Is referral **urgent**?
Please specify concerns	
Relevant medical/psychiatric history	

Allergies	Suicidal/Homicidal?	Alcohol/Drug Use?	Abuse or Neglect?
Medication history and current medications			
Are there any **RISKS TO STAFF** associated with this referral? Please specify.			

Please FAX (604-913-0066) recent and other relevant
<u>LAB RESULTS, INVESTIGATIONS, and REPORTS</u>

***** Incomplete or illegible referrals will not be accepted *****

Signature of Referral Source _____ **Date** _____

PRINT NAME WRITTEN ABOVE: _____