Sage Seniors Association

15 Sir Winston Churchill Square 102A Avenue - 100 Street Edmonton, AB T5J 2E5
Tel: 780.423.5510 Fax: 587.689.2248

Patient Label

NP Led Health Services / Social Work Referral Form

CLIENT INFORMATION

Preferred Language:
☐ English ☐ Other: _____

Client Lives With:
☐ Spouse ☐ Children ☐ Alone ☐ Other: _____

Primary Care Provider? ☐ Yes ☐ No Primary Care Provider

Client Name: Address: Phone: DOB: _____ (mm/dd/yyyy)

Client Secondary Contact: Phone:

If yes, is Primary Care Provider aware of the referral to Sage Seniors Association? ☐ Yes ☐ No

REFERRAL INFORMATION

Date Referral Completed (mm-dd-yyyy):	Referring Provider Name:	Phone:	Fax:

Reason for Referral: ☐ Referral for Primary NP Provider ☐ Social Work Support ☐ Follow-up ☐ Other:_____
☐ Health System Navigation ☐ This Full House Hoarding Program (Client Consent to Contact Required)

Urgency: ☐ Next Available Appointment ☐ Urgent

MEDICAL/SOCIAL INFORMATION

MEDICAL HISTORY

☐ Asthma ☐ Arthritis ☐ CHF ☐ COPD ☐ Parkinson's
☐ Dementia ☐ Depression ☐ Diabetes ☐ Heart Disease (CAD, MI, Angina) ☐ Stroke
☐ Substance Abuse ☐ Kidney Disease ☐ Liver Disease ☐ Osteoporosis

MEDICAL/PHYSICAL
- ☐ Weight Loss/Nutrition
- ☐ Incontinence
- ☐ Sleep
- ☐ Polypharmacy

COGNITIVE/BEHAVIOURAL
- ☐ Delirium/Halucinations
- ☐ Depression/Anxiety
- ☐ Verbal/Physical Aggression
- ☐ Wandering
- ☐ Behaviour/Disruptions

PSYCHOSOCIAL
- ☐ Caregiver Stress/Family Issues
- ☐ Elder Abuse/Neglect
- ☐ Social Isolation
- ☐ Home Safety
- ☐ Financial/Income Security

Documents Attached:

☐ List of Medications (BPMH)

☐ Emergency chart

☐ Goals of Care (if complete)

Client is aware & agreeable to Referral:

☐ YES ☐ NO

PATIENT MUST CONFIRM CONSENT WHEN CONTACTED