Patient Label

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

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

Name: Address: Phone: Fax:

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 Provider Attachment ☐ Complex Case Management ☐ Follow-up ☐ Other:_____
☐ System Navigation ☐ This Full House (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