



FALLS PREVENTION MOBILE AND VIRTUAL CLINIC REFERRAL



Form ID: MSXX104720D

Rev: December 13, 2022

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Falls Prevention Mobile Clinic and Virtual Clinic Telephone: 604-587-7866 and Fax Number: 604-520-2154

For a fillable version please see Pulse site: <https://pulse/clinical/quality-patient-safety/Pages/Falls-prevention-mobile-clinic.aspx>

Note the following Exclusion Criteria for the Falls Prevention Mobile and Virtual Clinic:

- Non-Ambulatory
- Living in long-term care
- Moderate to advanced cognitive impairment (MMSE score must be greater than 24 and/or MoCA score greater than 19)
- Unable or unwilling to follow directions, consider recommendations or direct their own care.

If clients meet any of the above, DO NOT PROCEED WITH REFERRAL

Date of Referral (DD-MM-YYYY):

Referee Name:	Designation (Select one)	<input type="checkbox"/> Self	<input type="checkbox"/> RN	<input type="checkbox"/> PT/OT
		<input type="checkbox"/> Doctor/NP	<input type="checkbox"/> SW	<input type="checkbox"/> Other:
Phone #:	Site Type: (Select one)	<input type="checkbox"/> Family Practice	<input type="checkbox"/> Kidney Care	<input type="checkbox"/> Home Health
Fax #:		<input type="checkbox"/> Emergency Department	<input type="checkbox"/> Specialized Seniors Clinic	<input type="checkbox"/> Other:

Patient Information (or label)		Full Address REQUIRED:		
First Name:		<i>(Full Address, must include city)</i>		
Last Name:				
PHN:				
Birthdate (dd-mm-yyyy):		Preferred Language:		
Pronouns:	<input type="checkbox"/> He/Him	<input type="checkbox"/> She/Her	<input type="checkbox"/> They/Them	Translator Required?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number(s):		Email:		

Family Doctor <input type="checkbox"/> Same as Referee listed above, OR:	Family Doctor Name and City:
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Alternative Contact	<input type="checkbox"/> Arrange appointment with the contact listed below:
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Name & Relationship:	Phone Number:
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<input type="checkbox"/> MEDICATION LIST ATTACHED (IF AVAILABLE).
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Relevant Medical History:				Number of Falls in the Previous 12 months:	
<input type="checkbox"/> COPD/ Asthma	<input type="checkbox"/> Vertigo	<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Low Bone Mass	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Arthritis*
<input type="checkbox"/> Spinal Stenosis	<input type="checkbox"/> Cancer	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Neuropathy	<input type="checkbox"/> Other *
<input type="checkbox"/> Stroke/ Brain Injury	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Heart Disease/ Hypertension	<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Anxiety/ Depression	_____ (*specify)

Cognitive Impairments: Note: MMSE score must be >24 or MoCA score >19. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	If cognitive impairments exist, complete the following if known or available: MoCA: _____ (score) MMSE: _____ (score)
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Functional Cognition: Select the box that best describes client's ability to perform IADLs/ADLs:	<input type="checkbox"/> No difficulty	<input type="checkbox"/> Moderate (difficulty with basic ADLs)
	<input type="checkbox"/> Mild (difficulty with IADLs)	<input type="checkbox"/> Severe (dependent with ADLs)

Clinical Frailty Score- Please check one: (See reverse for details)	<input type="checkbox"/> 1- Very Fit	<input type="checkbox"/> 4- Very Mild Frailty	<input type="checkbox"/> 7- Severe Frailty
	<input type="checkbox"/> 2- Fit	<input type="checkbox"/> 5- Mild Frailty	<input type="checkbox"/> 8- Very Severe Frailty
	<input type="checkbox"/> 3- Managing Well	<input type="checkbox"/> 6- Moderate Frailty	<input type="checkbox"/> 9- Terminally Ill

Current Services Involved:	<input type="checkbox"/> Home Health	<input type="checkbox"/> Specialized Seniors Clinic	<input type="checkbox"/> Mental Health
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
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DO NOT FAX THIS SIDE when making referrals. This information is for your use only.

For questions: Email: fallsprevention@fraserhealth.ca Telephone: 604-587-7866

For more information on Medications and Falls Risk, please visit:
<https://findingbalancebc.ca/wp-content/uploads/2017/10/Medications-and-the-Risk-of-Falling-2017-FINAL.pdf>

Clinical Frailty Scale

	1 - Very Fit – People who are robust, active, energetic and motivated. These People commonly exercise regularly. They are among the fittest for their age.
	2 - Well – People who have no active disease symptoms but are less fit than Category 1. Often, they exercise or are very active occasionally, e.g. seasonally.
	3 - Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.
	4 - Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.
	5 - Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.
	6 - Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.
	7 - Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).
	8 - Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.
	9 - Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

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