



# Falls Prevention Mobile Clinic Referral Form

Phone: 604-587-7866



Fax to: <b>Falls Prevention Mobile Clinic</b>		<b>Fax: 604-930-5413</b>
Date:		Referral site:
Name of Referring Health Professional:		
<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Self <input type="checkbox"/> Other _____		
<b>If you wish to be contacted about this patient's results, please supply the following:</b>		
Phone:	Fax:	Email:

## PATIENT CONTACT INFORMATION

☐ Male    ☐ Female

Patient's Name: \_\_\_\_\_ PHN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

## PATIENT HISTORY: Please fill in all of the information below.

1. Number of falls in the previous 12 months ( ☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5+ )  
If no falls, reason for referral: \_\_\_\_\_

2. Is this patient on dialysis?    ☐ Yes    ☐ No

3. Does this patient have cognitive impairment?    ☐ Yes    ☐ No

Please specify: \_\_\_\_\_

**(Note: Patients with advanced cognitive impairment are not suitable for the clinic).**

4. Does this patient have:    ☐ Parkinson's    ☐ Multiple Sclerosis    ☐ Brain Injury

Other relevant conditions: \_\_\_\_\_

5. Mobility Aid:    ☐ None    ☐ Cane    ☐ Walker    ☐ Wheelchair    ☐ Other \_\_\_\_\_

6. Patient gave consent for this referral:    ☐ Yes    ☐ No

**\*\* The Falls Prevention Mobile Clinic team will contact your patient directly to schedule an appointment when the clinic is in his/her area. Wait times vary by area. \*\***

## For Falls & Injury Prevention Department Use Only

Date of contact: \_\_\_\_/\_\_\_\_/\_\_\_\_

Booked ☐ Clinic date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Appointment time: \_\_\_\_\_ Location: \_\_\_\_\_

Declined ☐ Reason: \_\_\_\_\_

Consent to access health records: ☐ Yes ☐ No Consent Given by: \_\_\_\_\_ Date: \_\_\_\_\_

Resources Mailed: \_\_\_\_\_ Date Mailed: \_\_\_\_\_