

Falls Prevention Mobile & Virtual Clinic Referral Form



Please FAX to: 604-520-2154

Incomplete referrals will be returned to the referring source, which may result in a delay booking the patient.

Date of Referral (dd-mmm-yy)				
Referee Name:	Designation:	<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:	<input type="checkbox"/> Family Practice	<input type="checkbox"/> Kidney Care	<input type="checkbox"/> Home Health
Fax #:		<input type="checkbox"/> Emergency	<input type="checkbox"/> Specialized	<input type="checkbox"/> Other:
		Department	Seniors Clinic	

Patient Information (or label)	Full Address REQUIRED (including city & postal code):
First Name:	<i>(Full Address)</i>
Last Name:	
PHN:	
Birthdate (dd-mmm-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:

Does the client consent to this referral and to their FH records being accessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
# Falls in the Previous 12 months:	Is the Client Ambulatory? <input type="checkbox"/> Yes <input type="checkbox"/> No

Family Doctor <input type="checkbox"/> Same as Referee listed above, OR:	Family Doctor Name & City:
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Alternative Contact <input type="checkbox"/> Arrange appointment with the contact listed below:	
Name & Relationship:	Phone Number:

PLEASE ATTACH MEDICATION LIST, IF AVAILABLE.

Relevant Medical History:					
<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"/> Other:*
<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"/> Arthritis:*
<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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes (& available), MOCA: _____ MMSE: _____
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Clinical Dementia Rating- Please circle/click one: <i>(See reverse for details):</i>	0- No Dementia	0.5- Very Mild Dementia	2- Moderate Dementia
		1- Mild Dementia	3- Severe Dementia

Clinical Frailty Score- Please circle/click one: <i>(See reverse for details):</i>	1- Very Fit	4- Very Mild Frailty	7- Severe Frailty
	2- Fit	5- Mild Frailty	8- Very Severe Frailty
	3- Managing Well	6- Moderate Frailty	9- Terminally Ill

Current Services Involved: <input type="checkbox"/> Home Health <input type="checkbox"/> Specialized Seniors Clinic <input type="checkbox"/> Mental Health

Comments:

** 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. The client may be assessed virtually, if appropriate.**

DO NOT FAX THIS SIDE when referring patients to the program. This information is for your use only.

For any questions please contact us at:










Email: fallsprevention@fraserhealth.ca

Tel: 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 dress-
	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.

<https://www.dal.ca/sites/gmr/our-tools/clinical-frailty-scale.html>

Eligibility Criteria for the Falls Prevention Mobile & Virtual Clinic

- Ambulatory
- Community dwelling (i.e. not living in long-term care, independent living & assisted living is okay).
- Able to direct their own care and follow direction.
- Provides consent for referral and is open to recommendations.
- Not palliative

Clinical Dementia Rating (CDR) Scale

Stage	Description
CDR-0	No Dementia
CDR-0.5	Very Mild Dementia- Memory problems are slight, but consistent. Some difficulty with time and problem solving Daily life is significantly impaired Individuals can perform personal care activities
CDR-1	Memory loss is moderate, especially for recent events and interferes with daily activities. Moderate difficulty with solving problems Cannot function independently at community affairs Difficulty with daily activities and hobbies, especially complex ones
CDR-2	Moderate Dementia- More profound memory loss, only retaining highly learned material Disorientation with respect to time and place Impaired judgement, with difficulty handling problems Little to no independent function at home Can only do simple chores Fewer interests
CDR-3	Severe Dementia- Severe memory loss. Disorientation with respect to time or place No judgement or problem solving abilities Cannot participate in community affairs outside the home Requires help with all tasks of daily living Requires help with most personal care Frequent incontinence