

North Shore Older Adult Mental Health #350–145 West 17th Street North Vancouver, BC, V7M 3G4 Tel: (604) 982-5600 Fax: (604) 982-5601

Office use only:	
Date of referral received:	
PARIS #	

Inclusion criteria:

- A progressive cognitive or memory disorder with associated psychiatric and/or behavior management problems and/or co-occurring misuse of alcohol, prescription medications or other drugs
- A recently developed serious mental illness and physical or functional decline ie. Medical frailty
- A severe and persistent mental illness with cognitive, physical or functional decline

Exclusions:

- Individuals with non-progressive neurological disorders/ developmental disabilities
- Brain iniurv
- Stand alone capacity assessments
- · Referrals made solely for medical/legal opinions or functional assessments for independent living

INCOMPLETE REFERRALS WILL BE RETURNED

Please contact OAMH Intake if you have any questions regarding potential referrals

GP/NP Name	GP/NP phone	GP/NP fax
Patient Name	DOB	Gender
Address	Telephone	PHN (if no PHN, please indicate reason)
Facility Name (if applicable)	Memory Care/LTC? Independent/Assisted Living?	Nursing Station Phone Number (and local)
Contact Person	Relationship	Telephone
Is patient/representative aware of this referral? ☐ Yes ☐ No	Additional information? (i.e. language, hearing, vision, interpreter)	
REASONS FOR REFERRAL (please send relevant	notes if insufficient space on t	he referral form)
Please describe the mental health clinical question you would like OAMH to address (psychiatric, cognitive, behavioral, functional)		
Relevant medical and psychiatric history (including PLEASE LIST ALL PSYCHOTROPICS TRIALED: Do you want a consultation only? Please indicate		
Have delirium/reversible causes been ruled or	ut? Last physical e	exam – (date and findings)
Recent stressors/precipitants/contributing factors		
Any other relevant information (ATTACH IF INSUFF	ICIENT SPACE HERE)	
Are there any RISKS TO OAMH STAFF associated with th	s referral? (ie. behavioral, environr	nental)
P/NP SignaturePrint Name	Da	te MSP #

Additional/Alternative Resources

RACE line: Available resource for GP for telephone consults only re: medication and/or treatment recommendations.

Mon-Fri, 0800-1700 T: 604-696-2131

VCH Home Health Central Intake: Clients that require assessment for LTC, OT, HCN, Home Supports Fax: 604-983-6886

<u>Urgent and Primary Care Centre</u>: For non-life-threatening illnesses or injuries not requiring ED visit. Mon-Sat 0800-2200, Sun 0900-1700 T: 604-973-1600. 221 Esplanade West, 2nd Floor, North Vancouver.