



**Geriatric Medicine Outpatient Referral**

- Fredericton (Fax 506-459-6537)
- Miramichi (Fax 506-623-6348)
- Moncton (Fax 506-857-5454)
- Saint John (Fax 506-632-5512)

Patient Label or

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Medicare \_\_\_\_\_ Expiry \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

DOB (dd/mm/yy) \_\_\_\_\_ Sex  M  F

Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Focus of Assessment (5 Ms)**

<input type="checkbox"/>	<b>Mind</b> e.g. cognition, dementia, delirium, depression	Describe concerns
<input type="checkbox"/>	<b>Mobility</b> e.g. gait & balance, falls & prevention, functional decline	Describe concerns
<input type="checkbox"/>	<b>Medications</b> e.g. polypharmacy, adverse med effects, de-prescribing	Describe concerns
<input type="checkbox"/>	<b>Multi-Complexity</b> e.g. frailty, multiple medical illnesses, bio-psycho-social complexity	Describe concerns
<input type="checkbox"/>	<b>What Matters Most?</b> e.g. goals of care, care preferences, making health decisions	Describe concerns
<input type="checkbox"/>	<b>Other</b>	Describe concerns

Past Medical History	Medications
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Consider testing the following in advance: CBC, electrolytes, calcium, albumin, creatinine, TSH, B12

- If available, please provide:
- Previous cognitive testing (e.g. MMSE, MoCA, clock drawing, Neuropsychology)
  - Other relevant consult reports (e.g. Neurology, Psychiatry, Internal Medicine)

Date \_\_\_\_\_ Referring Provider \_\_\_\_\_ Signature \_\_\_\_\_