



Geriatric Rapid Access Clinic
Gordon & Leslie Diamond Health Care
2775 Laurel Street, 7th Floor, Station 2
Vancouver, BC V5Z 1M9
Tel: 604 875-5706
Fax: 604 875-5696

REFERRAL FORM

Name of Office: _____
Address: _____
Phone: _____
Fax: _____

Label or Stamp of Office or Patient Here

Patient Name: _____

PHN _____ and Date of Birth: _____

Current Address: _____

Contact Person: _____

Contact Number: _____

Relationship to Patient: _____

Additional REASONS FOR REFERRAL

(Check appropriate boxes)

- Coping Concerns/ADL Problems
- Confusional State
- Unexplained/Acute Functional Decline
- Multiple Drug Use
- Falls or Decreased Mobility
- Incontinence
- Multiple Health Issues
- Tenuous Living Situation
- Malnutrition
- Frequent Dr/Emergency Dept Visits
- ^{NEW} Geriatric Pharmacist Assessment

Referral Question and Medical History:

Referring Doctor: _____

Billing Number #: _____

**PLEASE FAX CURRENT LIST OF MEDICATIONS / RECENT LABS /
CONSULTS / AND ALL INVESTIGATIONS TO 604 875-5696**