



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**