



**REFERRAL FORM FOR ALL NEW REFERRALS TO GERIATRICS CLINICS  
(INCLUDING FALLS AND MEMORY CLINICS)**

Name: NRIC: DOB: Age: Address: Contact number: Date of referral:	<b>For internal referrals please indicate Class status:</b>  <b>Subsidized</b> <input type="checkbox"/>  <b>Private</b> <input type="checkbox"/>  <b>Non-resident</b> <input type="checkbox"/>
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<b>Source of referral: (circle)</b>	1. _____ Polyclinic 2. General Practitioner 3. A & E	4. Ward _____ Bed No. _____ 5. Department _____ 6. Others _____
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<b>Reason for referral:</b>	1. Falls and balance 2. Memory complaints <b>(50 years and above)</b> 3. Memory complaints with behavioural problems 4. Continence (Urinary continence issues only) 5. Functional decline 6. Others _____	<b><i>All other referrals for 65 years and above</i></b>
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**Please note: If patient has more than one of the above please circle all relevant conditions**

<b>History of current problem (including onset, duration etc in detail):</b>	<b>Please list other medical problems:</b>

<b>Ambulatory status:</b>	1. Ambulant	2. Chairbound	3. Bedbound
<b>Communication:</b>	1. Communicative	2. Non-communicative	

<b>History of drug allergy: Y / N</b> _____	<b>Reaction:</b> _____
_____	_____
_____	_____

Referral & Enquiry: <b>Tel : 6788 8833</b> Please fax form to: <b>Fax : 6787 2141</b>	Name and Signature of Referring Doctor
<b>* PLEASE REMIND PATIENTS TO BRING ALL MEDICATIONS ON THE DAY OF APPOINTMENT *</b>	Clinic/Hospital Address/Stamp

<b>(FOR OFFICIAL USE ONLY)</b>	
<b>Appropriate for:</b>	1. Falls Assessment Clinic 2. Memory clinic 3. Continence Clinic (Thursday morning Dr Jim Lim)
	4. General Geriatric Clinic 5. Other _____
<b>Screened by:</b>	<b>Appt date and time:</b>
	<b>Appt made by:</b>
<b>Date screened:</b>	<b>Date letter sent:</b>

## *GUIDELINES FOR REFERRAL TO GERIATRIC MEDICINE AT THE GERIATRIC CENTRE AT CHANGI GENERAL HOSPITAL*

### **1. What is geriatric medicine?**

Geriatric Medicine is a subspecialty of internal medicine which focuses on "function-linked syndromes" or Geriatric Syndromes in adults above the age of 65 years.

### **2. What are the Geriatric Syndromes?**

- Impaired cognition (delirium and dementia)
- Immobility
- Instability and Falls
- Incontinence
- Impaired feeding (including impaired swallowing)

Many common illnesses present as one of the above syndromes rather than "typical symptoms" of the acute illness. For example, an elderly patient with pneumonia may present with acute confusion rather than the usual symptoms of fever, cough and breathlessness.

The presentation of Geriatric Syndromes may be the first sign of treatable illness in the elderly and failure to recognise this may have undesirable consequences.

### **3. What types of patients will benefit the most from multidisciplinary geriatric intervention?**

Not every older adult with medical illnesses needs to be managed by a geriatrician. Geriatric intervention is most effective and meaningful when patients are seen at the early stage of the geriatric syndromes when they still have a fairly good functional status with a fair chance of improvement with geriatric care.

Patients who are already bedbound and fully dependant in activities of daily living will not benefit from multidisciplinary care.

### **4. Should older persons be referred for multiple medical problems?**

With ageing, the risk of developing a chronic illness increases. The risk of multiple concurrent chronic diseases also increases. Not all such patients require geriatric care. Such patients may be referred if their multiple medical problems are resulting in one of the geriatric syndromes above.

### **5. How do I refer a patient for Geriatric opinion (patients with NO current geriatric follow-up)?**

If the patient is 65 years of age or above and satisfies criteria for referral according to the above guidelines:

- a) For inpatients, please refer via the usual blue letter referral system
- b) For outpatients, please fill in the "REFERRAL FORM FOR ALL NEW REFERRALS TO GERIATRICS CLINICS (INCLUDING FALLS AND MEMORY CLINICS)"

The form should then be faxed to 678 72141. The referral will then be vetted and an appropriate appointment given. The appointment date and time will be relayed directly to the patient and / or family.