



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

Name: NRIC: Date of Birth: Age: Address: Contact number: Date of referral:		For internal referrals, please indicate Class status: Subsidised <input type="checkbox"/> Private <input type="checkbox"/> Non-resident <input type="checkbox"/>	
Source of referral: (circle) 1. _____ Polyclinic 2. General Practitioner 3. A & E		4. Ward _____ Bed No. _____ 5. Department _____ 6. Others _____	
Reason for referral: All referrals are for patients aged 65 years and above unless otherwise stated. <u>Please tick all relevant conditions.</u>		<input type="checkbox"/> Falls and balance <input type="checkbox"/> Memory complaints (50 years and above) <input type="checkbox"/> Memory complaints with behavioural problems <input type="checkbox"/> Continence (urinary continence issues only) <input type="checkbox"/> Functional decline <input type="checkbox"/> Others _____	
History of current issue (including onset, duration etc in detail):		Please list other medical issues: Referrals for memory complaints, please indicate if present: <input type="checkbox"/> Parkinsonism <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Speech or language symptoms <input type="checkbox"/> Developmental disorders (i.e. intellectual disability)	
Ambulatory status: Communication:		1. Ambulant 2. Chairbound 3. Bedbound 1. Communicative 2. Non-communicative	
History of drug allergy: Y/N _____		Reaction: _____ _____	
Referral and enquiry tel: (65) 6788 8833 Please fax form to: (65) 6787 2141		Name and signature of referring doctor _____	
* PLEASE REMIND PATIENTS TO BRING ALL MEDICATIONS ON THE DAY OF APPOINTMENT *		Clinic/Hospital address/Stamp _____	
(FOR OFFICIAL USE ONLY)			
Appropriate for:		1. Falls Assessment Clinic 2. Memory Clinic (Vetting clinician to indicate) <input type="checkbox"/> Any <input type="checkbox"/> GRM (≥65 only) <input type="checkbox"/> Psych <input type="checkbox"/> Neurology 3. Continence Clinic by Dr Jim Lim (Thursday AM)	
Screened by:		4. General Geriatric Clinic 5. Other _____	
Date screened:		Appointment date and time: Appointment made by:	
		Letter sent (date):	



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

1. What is geriatric medicine?

Geriatric medicine is a subspecialty of internal medicine that 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. Which patients will benefit 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 dependent in activities of daily living will not benefit from multidisciplinary care.

4. Should older persons be referred for multiple medical conditions?

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

5. How do I refer a patient for a geriatric medicine opinion?

If the patient is 65 years and above and satisfies the criteria for referral according to the guidelines in the previous questions:

- 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 GERIATRIC CLINICS (INCLUDING FALLS AND MEMORY CLINICS)’

The form should then be faxed to (65) 6787 2141. The referral will be reviewed and an appropriate appointment will be given. The appointment date and time will be relayed directly to the patient and/or their family.