

## HOW TO MAKE A REFERRAL

Referrals may be initiated by a physician. The client or substitute decision maker must agree/consent to the referral. The geriatrician/geriatric psychiatrist will only consult on referrals signed by a physician.

These clinical services are covered by OHIP funding. Transportation and associated costs (i.e. meals and snacks) are the responsibility of the client.

All referrals should be directed to the Geriatric Hospital Intake Secretary located on the 4th floor of the Harvie Wing.

Telephone: 705-325-2201 extension 3850

Fax: 705-330-3211

Referrals are reviewed by the multidisciplinary team to determine client's appropriateness for services.

Referral Criteria Include:

1. Service requirement of at least two team disciplines (geriatrician / geriatric psychiatrist, nurse, physiotherapist, occupational therapist, speech language pathologist, dietitian, social worker)
2. Treatment goals attainable in an out-patient setting

**Recommended:**

1. Ability to attend 2 ½ hour sessions, two days per week for 12 weeks may be indicated for some patients.
2. Ability to participate in group therapy.

Our multidisciplinary team includes: geriatrician/geriatric psychiatrist, nurse, physiotherapist, occupational therapist, rehab assistant, speech language pathologist, dietitian, social worker, recreational therapist, and coordinator.

(Please be aware that any of the above disciplines may be involved in the client's care as part of the referral to the OSMH Geriatric Day Hospital)