**Central Adelaide Local Health Network**

**Multi-Disciplinary Community Geriatric Service (MCGS)**

Referral Form

*MCGS is a community based acute response team providing comprehensive geriatric assessment and short-term case management for vulnerable older persons across CALHN.*

***Eligibility for service requires a Multi-D approach.***

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| **FAX completed form to (08) 8222 1480 or Email:** **Health.calhnmcgs@sa.gov.au** |
| **Date: MRN:** |
| **Client Details** |
| Title: [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other | Name:  |
| Marital Status: [ ]  Single [ ]  Married [ ]  Widowed [ ]  De Facto [ ]  Divorced / Separated  |
| DOB:  | Aboriginal/Torres Strait Islander (50+): [ ]  Yes [ ]  No |
| Address:  | Accommodation Setting (e.g. Own Home, Renting, SAHT): |
| Phone No:  |  Client Lives: [ ]  Alone [ ]  With Partner [ ]  With Family [ ]  Other |
| Country of Birth:  | Language:  |
| Interpreter Required: [ ]  Yes [ ]  No  | Advanced Care Directive: [ ]  Yes [ ]  No [ ]  Unknown  |
| **Other Details** |
| NOK/Other Contact Person:  | Relationship:  |
| Phone No:  | Does contact person hold EPOA? [ ]  Yes [ ]  No [ ]  Unknown |
| **GP Details** | **Referrer Details (if not GP)** |
| Name:  | Name:  |
| Practice Name:  | Title/Designation:  |
| Address:  | Organisation:  |
| Phone:  | Phone:  |
| Fax:  | Fax:  |
| ***Is client aware of the referral* [ ]  Yes [ ]  No** |
| **REASON FOR REFERRAL (please tick all that apply)** |
| [ ]  No formal cognitive diagnosis[ ]  Limited or no informal support[ ]  No formal services[ ]  Resistant to support services[ ]  Complex social situation[ ]  Suspicion of elder abuse | [ ]  Risk to self or others[ ]  BPSD[ ]  Frequent presenter to the hospital system[ ]  Failure to attend OPD[ ]  No EPOA or ACD[ ]  Falls or reduced mobility |
| **COMMENTS: (please indicate urgency / imminent risks or attach further medical information)***If you wish to discuss further prior to completion please phone:(08) 8222 1429* |
| **MCGS Administration Only:** |
| **Referral Accepted:** [ ]  Yes [ ]  No **Priority Status:** [ ]  Priority 1[ ]  Priority 2 Waitlist [ ]   |

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