

AHS Calgary-Zone Geriatric Medicine Pre-Operative Clinic

Location: Seniors Health Clinic, Rockyview General Hospital

- Please Fax completed form to **Seniors Health & Geriatric Medicine (Calgary Zone)**

Fax 403-955-1514

Phone 403-955-1525

Today's date: _____
(YY/MM/DD)

Surgery date (if known): _____
(YY/MM/DD)

Check if referral is **urgent** (i.e. surgery is planned in less than 6 weeks) Patient Unable to speak/read/comprehend English
(Specify language spoken):

Check if the patient has been referred to a surgeon

Check if the patient has been seen by a surgeon. If so, who: _____

Other Pre-Operative Consults (please indicate if surgery has been booked):

GIM: referral completed does not meet referral criteria

Anesthesia: referral completed does not meet referral criteria

Referral Criteria (check those that apply):

Age 65 years or older

Elective high-risk surgery (intraoperative; intrathoracic; suprainguinal vascular, major MSK/spinal surgery – ie postoperative inpatient stay anticipated)

Cognitive and/or Physical frailty present (defined as):

- History of dementia or mild cognitive impairment (MCI) or previous delirium

AND/OR

- Suspected but undiagnosed memory impairment or cognitive impairment

AND/OR

- Receives home care or lives in assisted living/long term care facility or meets criteria for frailty based on a pre-operative scoring system

Difficult decision making (concerns with capacity to consent or uncertainty about intervention)

Additional Information:

Referring Physician (please print): _____

Referring Physician Fax Number: _____

Specialty: _____

HRN: _____ Site: _____ DOB: yyyy/mon/dd

Last Name: _____ First and Additional Names: _____

PHN: _____ Gender: _____ Age in Years: _____

Admitting Physician: _____ Encounter #: _____

Address: Street, City, Province, Postal Code

Telephone Number: _____

Date of Admission: yyyy/mon/dd Family Physician: _____

If the patient is unable to book his/her/their own appointment (complete the information below):

Contact Person Name: _____

Relationship: _____

Phone: _____