

Goulburn
Valley
Health
Geritel

Geri Connect Referral

Unit Record No: _____
 Name: _____
 Address: _____
 Date of Birth: _____ Sex: Male/Female

Place Identification Label here

Personal Details

Name: _____ Age: _____
 Preferred language: _____ Interpreter required
 Telephone: _____ Marital status: _____
 Birthplace: _____ Indigenous: Yes No
 Is the person aware of this referral: Yes No
 Medicare No.: _____ Exp: _____
 Pension No.: _____

Carer/Next of Kin Details

Carer/NOK: _____ Relationship: _____
 Address: _____ Telephone: _____

Doctor Details

Doctor requesting service: _____ Provider No.: _____ Phone: _____
 Signature: _____ Fax: _____

Reason for referral (three major issues - also please attach medical history and current medications):

The following investigations are required to be forwarded with this referral. Investigations must have been performed within the last month. (exclude reversible causes of Dementia)

Mandatory Investigations	Rationale
FBC	Exclude anaemia and infection
Erythrocyte sedimentation rate or CRP	Exclude inflammation, infection
Electrolytes	Delirium
Calcium	Hyperparathyroidism, other causes of hypercalcaemia
Fasting glucose	Hypoglycaemia, hyperglycaemia
Fasting lipid study	Risk factor for cerebrovascular disease
Thyroid function	Exclude hypothyroidism or thyrotoxicosis
Liver function tests (LFT)	Hepatic disease
B12 and folate levels	Exclude vitamin and folate deficiency
HIV and syphilis serology	As required by Geriatrician for all clients
Renal function (urea and creatinine)	Kidney failure
ECG/EKG	An ECG should be considered if intending to prescribe acetylcholinesterase inhibitors
CT brain scan without contrast (if applicable)	Minimum imaging to exclude presence of a tumour, intracranial space occupying lesion or haematoma. Structural imaging may not be needed in those presenting with moderate-to-severe dementia, if the diagnosis is already clear

Reference No: N/A
Version No: 01
Date: 12032020

