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ELDER CARE EARLY INTERVENTION MEMORY CLINIC SELF REFERRAL FORM

The Early Intervention Memory Clinic provides assessment and intervention for **people aged 60 and older who live in the Vancouver area and have experienced a change in their memory or thinking in the past 1 to 2 years.** The clinic supports people to optimize brain health and maintain quality of life by reducing risks and developing beneficial lifestyle habits**. Please note: This clinic is not suited to those with longstanding cognitive difficulties** (see Health History below for examples). If cognitive changes have occurred 2 or more years ago, referral to SPH/MSJ Older Adult Outpatient Clinics suggested (see referral guide on page 3).

PLEASE COMPLETE THIS FORM AND FAX TO (604-806-8390), MAIL, OR DROP OFF: Attention: Early Intervention Memory Clinic, 9B St. Paul's Hospital, 1081 Burrard Street, Vancouver BC, V6Z 1Y6

Intake Information

PART 1 – To be completed by client seeking self-referral or MD/NP		
Referral Source: ☐ Self-referral ☐ Family Physician or Nurse Practitioner: _____ ☐ Other: _____		
Name (of person being referred):		
Personal Health Number (PHN):	DOB: (dd/mmm/yyyy)	
Primary Language: _____	Interpreter required: ☐ Yes ☐ No	
Phone:	Is it ok to leave a message: ☐ Yes ☐ No	Alternate phone:
Can we contact you by email: ☐ Yes ☐ No If yes, email address:		
Name of Family Physician or Nurse Practitioner:	☐ see referral source	
How did you learn about the Early Intervention Memory Clinic? _____		
Reason for referral: (What are your main concerns about your memory or thinking? What are your hopes for the program?)		

PART 2 – Consent – To be completed by client seeking self-referral
☐ I consent to be contacted for a 15 minute introductory phone call.
☐ If it is determined that I would benefit from meeting with a specialist physician (geriatrician), I consent to a referral being requested from my Family Physician or Nurse Practitioner.
☐ I consent to the Early Intervention Memory Clinic team sharing information with my Family Physician or Nurse Practitioner.
Signature: _____ Date: (dd/mmm/yyyy) _____

PART 3 – Health History – To be completed by client seeking self-referral or MD/NP	
HEALTH HISTORY ☐ attached ☐ high blood pressure ☐ diabetes ☐ high cholesterol ☐ stroke/"mini stroke"/ TIA (transient ischemic attack) ☐ depression/anxiety ☐ hearing loss ☐ other past and ongoing physical or mental health challenges I have a longstanding medical condition that has affected my memory and thinking for many years (e.g., head injury/acquired brain injury, stroke, dementia) ☐ No ☐ Yes, please describe:	MEDICATION LIST:

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Your answers to this questionnaire will be used to assist the clinic team to better understand your needs so that we may offer services that will be most helpful to you.

Please choose the best answer for the statements below.

PART 4 – Screening Questionnaire – To be completed by client seeking self-referral					
1	I want to be proactive and learn more about how to keep my brain/mind healthy.	☐ Yes			☐ No
2	I am feeling stressed, worried or down about my memory and thinking.		☐ Yes, a lot	☐ Yes, a little	☐ No
3	I have a family history of dementia, and this concerns me.	☐ Yes			☐ No
4	My family or friends have told me they have noticed a change in my memory or thinking.	☐ Yes			☐ No
5	I am having difficulty with my short-term memory (e.g., recalling conversations or events, misplacing items, missing appointments, repeating questions).		☐ Yes, a lot	☐ Yes, a little	☐ No
6	I am having difficulty staying focused on a task or conversation.		☐ Yes, a lot	☐ Yes, a little	☐ No
7	I am having difficulty multi-tasking/doing more than one thing at a time.		☐ Yes, a lot	☐ Yes, a little	☐ No
8	I am having difficulty finding the words to say during conversation.		☐ Yes, a lot	☐ Yes, a little	☐ No
9	I have gotten lost or been disoriented in the community.		☐ Yes, a lot	☐ Yes, a little	☐ No
10	**What would be a meaningful outcome after involvement with the Early Intervention Memory Clinic? What matters most to you?** _____ _____ _____ _____ _____				

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MD/NP Referral Guide: Which clinic is best for my patient?		
	SPH Early Intervention Memory Clinic (EIMC)	**SPH/MSJ Older Adult Outpatient Clinics**
REFERRAL	Self-referral from person with cognitive concerns or MD/NP referrals accepted. MD/NP referral requested by EIMC when indicated.	MD/NP referral required.
CRITERIA	60 years and older. Cognitive changes within 1 to 2 years. No cognitive diagnosis. No known causes of cognitive change (i.e. CVA). Has insight into cognitive changes. Able and motivated to engage in self-management.	Generally, 65 years and older. People less than 65 may be accepted on a case-by-case basis if neurodegenerative condition suspected. Cognitive changes may have occurred greater than 2 years ago. May have previous diagnosis of mild cognitive impairment (MCI) or dementia. May have other medical conditions that have contributed to cognitive changes. May have limited insight into cognitive changes. May require more support to make lifestyle changes or struggle to engage in change.
SERVICES	Initial functional and cognitive assessment by an occupational therapist, with risk factor review and triage to geriatrician for targeted assessment as indicated. Geriatrician recommendations to MD/NP for medical follow-up as indicated. Follow-up with occupational therapist for cognitive strategies and brain health habits. **and/or** Online or in-person brain health education and behaviour change groups for person with cognitive change and care partner.	Comprehensive geriatrician assessment and referrals to Older Adult outpatient allied team as appropriate. Follow-up with geriatrician and allied team as indicated. Group of individual follow-up with allied team as indicated. MCI care partner group offered or referral to Dementia Caregiver Resilience Clinic as appropriate.