

## FALLS PREVENTION CLINIC – PATIENT REFERRAL

175 – 828 W. 10<sup>th</sup> Ave. Vancouver, BC V5Z 1E2  
P: 604-875-4111 loc. 69611 F: 604-875-5129  
www.fallsclinic.ca

FOR CLINIC USE ONLY:

Appt Date: \_\_\_\_\_

Appt Time: \_\_\_\_\_

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_

PHN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ MSP# \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Referring Clinician: \_\_\_\_\_

To best serve your patient, please fax the following information to **604-875-5129** as soon as possible.

**A. Patient Eligibility - *Please ensure your patient is eligible for our clinic by checking the following:***

***This Patient:***

- Is aged 70 years or over
- Has had at least 1 fall in the previous 12 months (Number: \_\_\_\_  Indoor  Outdoor  Both)
- Has not been diagnosed with a progressive neurological condition (*E.g., Multiple Sclerosis, Parkinson's disease, etc.*)
- Has reasonable cognitive function, and has not been diagnosed with Dementia or Alzheimer's Disease (MMSE score of 24 or higher)
- Is community-dwelling (including assisted living facilities) in the Vancouver, Richmond, Burnaby, North/West Vancouver area
- Is ambulatory (with or without assistive device)
- Has a life expectancy of >1 year

**B. Current medication list (Name and Dosage)**

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**C. Please list any other relevant information or diagnoses:** \_\_\_\_\_

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**D. PLEASE ATTACH: Bone density reports, recent test results, consult reports (esp. Internal Med or Geriatrics), hospital discharge summaries, etc.**

Thank you for your referral