

FAX completed forms to
 604-233-3198 or email to
rmdfallsprevention@vch.ca
 (Password Protected)

**Richmond Public Health
 Richmond Falls Prevention Program
 Referral Form**



DATE OF REFERRAL: _____ <small>(dd / mm / yyyy)</small>	Client consents to referral: <input type="checkbox"/> Yes <input type="checkbox"/> No
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CLIENT INFORMATION	
Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last Name First Name</small>	PHN #: _____ PARIS #: _____
Address: _____ City: _____ Postal Code: _____	Birthdate: _____ Age: _____ <small>(dd / mm / yyyy)</small>
Phone: _____ Cell: _____ E-Mail: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____

PHYSICIAN INFORMATION	ALTERNATE CONTACT
Name: _____ Address: _____ City: _____ Postal Code: _____ Phone: _____ Fax: _____ E-Mail: _____	Name: _____ Relationship: _____ Phone: _____

LANGUAGE Translator required Yes No **Language:** _____ **Hearing Impaired** Yes No

REFERRAL SOURCE INFORMATION	
Referred by: <input type="checkbox"/> Self /Family/Friend <input type="checkbox"/> Family Physician <input type="checkbox"/> VCH Program <input type="checkbox"/> Other _____	
Name: _____ Relationship (if family member or friend): _____	
Professional Title (if applicable): _____ Organization/Program Name (if applicable): _____	
Phone: _____ Fax: _____ E-Mail: _____	
Any other VCH services involved: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of program _____	

REASON FOR REFERRAL _____

RELEVANT MEDICAL HISTORY		
<input type="checkbox"/> Arthritis <input type="checkbox"/> COPD / Asthma <input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease / High Blood Pressure <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Stroke / Brain Injury <input type="checkbox"/> Other _____

Major Surgeries (if relevant) _____	Number of Falls in last 12 months: _____
Cognitive Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Walking Aids Used: _____

Other Related Health Information: _____

Clinical Frailty Score Please check one (see reverse for details)	<input type="checkbox"/> 1 – Very Fit	<input type="checkbox"/> 4 – Living with Very Mild Frailty	<input type="checkbox"/> 7 – Living with Severe Frailty
	<input type="checkbox"/> 2 – Fit	<input type="checkbox"/> 5 – Living with Mild Frailty	<input type="checkbox"/> 8 – Living with Very Severe Frailty
	<input type="checkbox"/> 3 – Managing Well	<input type="checkbox"/> 6 – Living with Moderate Frailty	<input type="checkbox"/> 9 – Terminally Ill

ADDITIONAL INFORMATION/COMMENTS _____










Richmond Falls Prevention Program Referral Form Instructions

DO NOT FAX THIS SIDE when referring clients to the program. This information is for your use only.

Eligibility Criteria:

- Age 65 years or older
- Richmond resident
- Community dwelling
- Medically stable
 - Health condition is well-controlled and managed with routine monitoring
 - No medical issue that is acute and/or currently requiring further medical investigation
- Functionally independent (Clinical Frailty Scale 1-5)
- Cognitively intact (MMSE>24)
- Can direct own care and follow direction
- Provides consent for referral and is open to recommendations
- Not palliative
- Not currently involved with another VCH Rehab Program or insurance claim related to referral (ICBC, Work Safe, 3rd party insurance)
- Level 4 or 5 priority rating by Continuing Care – less urgent/lower risk

Clinical Frailty Scale

	Very Fit	1	People who are robust, active, energetic, and motivated. They tend to exercise regularly and are among the fittest for their age.
	Fit	2	People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally. eg. seasonally.
	Managing Well	3	People whose medical problems are well controlled, even if occasionally symptomatic, but often not regularly active beyond routine walking.
	Living with Very Mild Frailty	4	While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up” and/or being tired during the day.
	Living with Mild Frailty	5	People who often have more evident slowing and need help with high order instrumental activities of daily living (finances, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation, medications and begins to restrict light housework.
	Living with Moderate Frailty	6	People who need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.
	Living with Severe Frailty	7	Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).
	Living with Very Severe Frailty	8	Completely dependent for personal care and approaching end of life. Typically, they could not recover even from a minor illness.
	Terminally Ill	9	Approaching the end of life. This category applies to people with a life expectancy < 6 months, who are not otherwise living with severe frailty. Many terminally ill people can still exercise until very close to death.

Copyright for the Clinical Frailty Scale obtained from Dalhousie University (2023)

RICHMOND FALLS PREVENTION PROGRAM – CONTACT INFORMATION

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|--|---------------------------|--------------------|
| • Direct line: | 604-233-3145 | Tuesday – Thursday |
| • Richmond Public Health Main Switchboard: | 604-233-3150 | Monday – Friday |
| • E-Mail: | rmdfallsprevention@vch.ca | |