



BSO Clinical Leader Referral Request

Patient Name: _____ Date of Birth: _____

Referring Hospital: _____ Unit/Ward: _____ Room #: _____

Hospital Contact Name: _____ Phone: _____ Ext./Pager: _____

Criteria for referral:

- Presence of cognitive impairment
- Presence of Responsive Behaviours

Reason(s) For Referral (check as many as apply): Agitation Acute Change in Behaviour Attempts to self-transfer
 Resistive to Care Wandering Exit Seeking Verbally Responsive Behaviour Physically Responsive Behaviour
 Restraints (describe): _____ Other: _____

REQUIRED FOR REFERRAL

<input type="checkbox"/> Confusion Assessment Method (CAM)	<input type="checkbox"/> Mini-mental status examination (MMSE; not required if CAM positive)
<input type="checkbox"/> Behavioural charting (e.g., Cohen-Mansfield Agitation Inventory (CMAI), Dementia Observation Scale (DOS), or other)	<input type="checkbox"/> Depression/ Mood scale
<input type="checkbox"/> Pain assessment	<input type="checkbox"/> Other: _____

Describe presenting behaviours:

Describe interventions that have been trialed (comment on effect of each):

Clinical Leader role explained to family/ POA: Yes No
Family/POA aware of referral and provided consent: Yes No
Family/ POA Name: _____ Phone: _____

REFERRAL SOURCE SIGNATURE: _____ DATE: _____

All HHS sites: Fax: 905-549-4237 OR BSO Order Entry in Meditech
All NHS sites, and Hotel Dieu Shaver Hospital: Fax: 289-398-0121
All SJHH sites, and Joseph Brant Hospital: Fax: 905-521-6139
Brantford General: BSO Order Entry in Meditech

Haldimand War Memorial, Norfolk General, and West Haldimand: Complete referral, print and leave in designated space