Vancouver CoastalHealth Research Institute | FALLS Prevention Clinic | UBC | Centre for Hip Health and Mobility

*Please note that the current waitlist is **at least 6 months**. We apologize for the delay, thank you for understanding*

FALLS PREVENTION CLINIC – PATIENT REFERRAL

175 – 828 W. 10th Ave. Vancouver, BC V5Z 1M9
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: _____ **MSP#** _____

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 65 years or over
- ☐ Has had at least 1 fall in the previous 12 months (Number: ____)
  - ***** ☐ **Has sustained a fracture due to a fall** (☐ **Hip** ☐ Other _____)
- ☐ 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 Greater Vancouver area
- ☐ Is ambulatory (with or without assistive device)
- ☐ Has a life expectancy of >1 year

* these patients will be prioritized

B. Current medication list (Name and Dosage)

_____

_____

_____

C. Please list any other relevant information or diagnoses: _____

_____

_____

_____

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