GERIMEDWA
GERIATRICIANS AND ADULT PHYSICIANS

To: Dr Imran Riaz
Consultant Geriatrician &
General Medicine Physician.

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Geriatrician Referral Form

Patient Name: .....

Date Of Birth: .....

Address: .....

Email: .....

Phone: .....

Medicare no.: .....

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Medical History / Medications: .....

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Reason for referral (please tick)

- ☐ Comprehensive geriatric assessment
- ☐ Nursing home / Retirement village consults
- ☐ Admission to hospital
- ☐ Other (please specify)

GP Referance

- ☐ **Falls & Balance**
- ☐ **Behavioural & Psychological Symptoms of Dementia**
- ☐ **Continence disorder management**
- ☐ Memory impairment

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☐ Referral letter including past medical history and medications attached

Referring docotor: .....

Provider number: .....

Practice address: .....

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Practice email: .....

Practice phone: .....