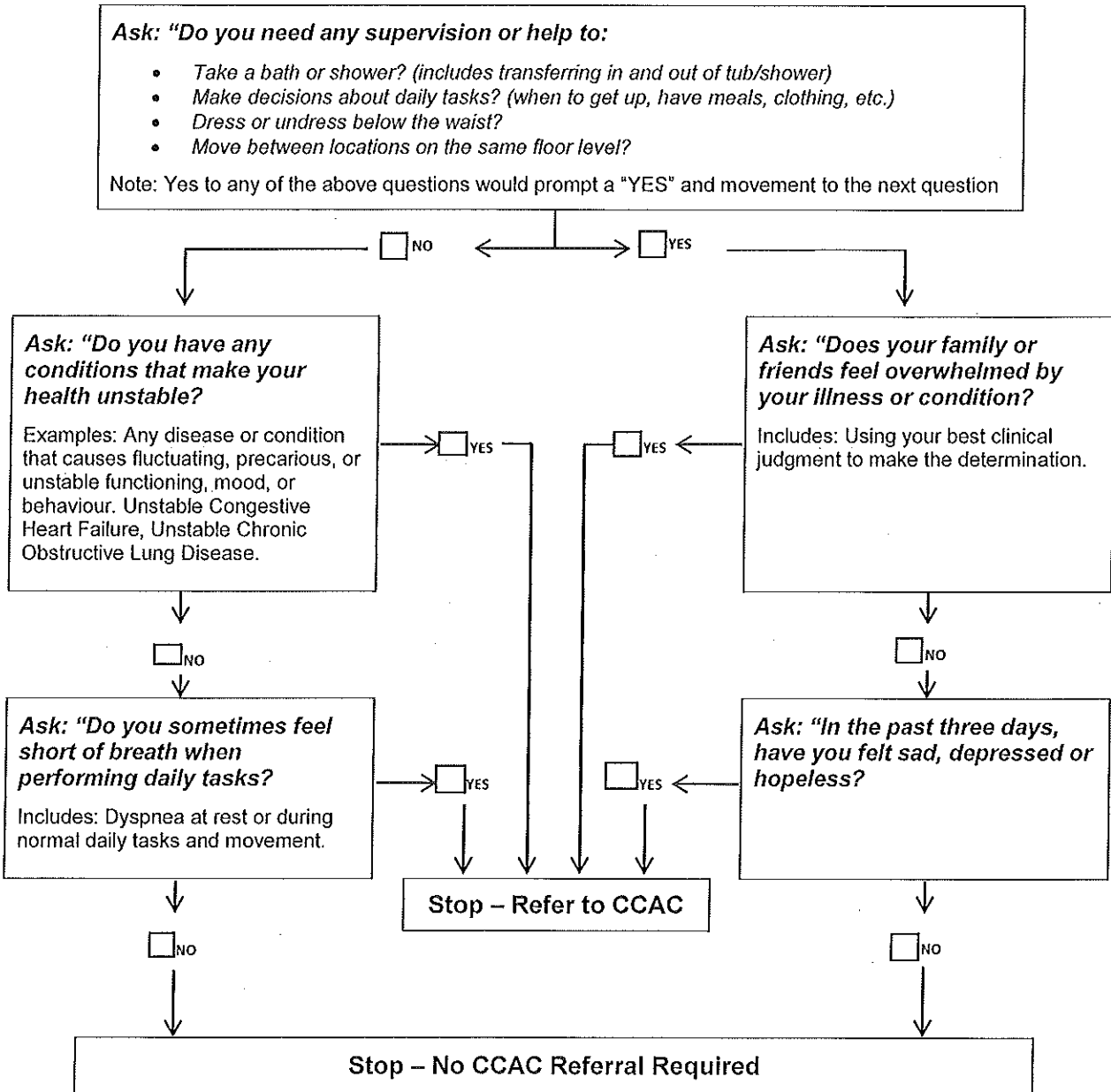


Primary Care

Early Intervention Screening Tool for Individuals 75+

PATIENT NAME: \_\_\_\_\_

interRAI Preliminary Screener © Assessment Urgency Decision Tree



Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Referral to CCAC Completed and Sent: Yes  No

**Primary Care**

PATIENT NAME: \_\_\_\_\_

**Early Intervention Screening Tool for Individuals 75+**

*InterRAI Preliminary Screener © Assessment Urgency Decision Tree*

**Information:**

**The Early Intervention Screening Tool:** This Tool is derived from the Assessment Urgency Preliminary Screener embedded in the InterRAI ED Assessment (a focused geriatric assessment) and is predictive of the need for follow-up assessment and risk of poor patient outcomes.

**Purpose:** To help prioritize referrals to CCAC from primary care physicians for further assessment.

**Target Population:** Adults age 75 or older.

**Instructions:** Please complete both sides of this tool. The question prompts will guide the decision of whether or not to refer to CCAC.

**Screening Tool to Identify High Risk Seniors**

**\*\*PHYSICIAN TO COMPLETE - REQUIRED INFORMATION\*\***

Patient Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Health Card #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- New Cognitive Impairment diagnosis
- Indication that cognitive impairment was deteriorating
- The client was informed that they are being referred to the HNHB CCAC and they have given verbal Consent for services.

**Fax referrals to: 1-866-655-6402 HNHB CCAC Main Office**

**Additional Health Professional Notes:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_ Date Referral Faxed: \_\_\_\_\_

Referring Physician Fax#: \_\_\_\_\_

**CCAC Report Back to Physician (CCAC TO COMPLETE):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Referral Returned: \_\_\_\_\_