

Sanford Center for Aging Geriatric Specialty Clinic

# Comprehensive Geriatric Assessment



## Referrals to the Sanford Center Geriatric Specialty Clinic: (two or more of the following)

- Age 65 or older
- Living alone
- Unexpected weight loss
- Increasing weakness
- Decreasing mobility
- Memory complaints
- Multiple chronic conditions
- Multiple chronic medications
- Frequent hospitalizations

Our clinical team (geriatrician, social worker, pharmacist) provides a “whole person” assessment, including:

- Personal health history and review
- Physical assessment, including risk for falls/frailty, cognition and depression
- Behavioral/psycho-social assessment including memory issues and dementia
- Medication therapy management review
- A personalized care plan to share with other care providers
- Referrals to other providers or services, if needed
- Chronic care management program for those who qualify

*Physician referral required. Does not replace your primary care physician.*



University of Nevada, Reno  
School of Medicine  
Sanford Center for Aging

Support funding is provided by Nevada Aging & Disability Services Division

(775) 784-6377

[med.unr.edu/aging/geriatric-clinic](http://med.unr.edu/aging/geriatric-clinic)

Services available in rural communities  
via Renown TeleHealth  
<http://bit.ly/2pmY5YA>



## **Comprehensive Geriatric Assessment Request**

Thank you for referring your patient to Sanford Center Geriatric Specialty Clinic. In order to qualify, your patient needs to meet two or more of the following criteria:

- 65 Years of age or older
- Involuntary weight loss in past 3 months
- Decrease in mobility in past 3 months
- 3 + chronic conditions
- 2 + hospitalizations in last 6 months
- Living alone
- Increasing weakness in past 3 months
- Memory difficulty/problems
- 5 + routine medications
- Considering move to assisted living

**Please have your office staff fax the following documentations and this form.**

- **Last clinic office note**
- **Any labs or pertinent diagnostic completed in past 6 months**
- **Updated medication and allergy list**
- **Patient demographics**

**Sanford Center Geriatric Specialty Clinic**  
 775-784-6377 Phone / 775-784-1814 Fax

**In order to expedite the process please complete in its entirety.**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patients Phone Number: \_\_\_\_\_

Authorized secondary contact (family member, home health nurse, Etc.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Doctor Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for Evaluation: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Nothing further is needed once you send the above documentation. Our staff will contact the patient to schedule the appointment.