## **Compass Geriatrics**

"Navigating Care Through Surgery and Ageing"

## **Referral Criteria for GPs**

Reason for referral (tick as appropriate):

Patients 65 years and older, or 50 years and older if Aboriginal or Torres Strait Islander.

Referrals appropriate for Comprehensive Geriatric Assessment, perioperative review, cognition/dementia, falls, fracture prevention, polypharmacy, chronic disease management, and pain management.

Comprehensive G	eriatric Assessment
Perioperative revie	₽W
Cognition / Dementia	
Falls	
Fracture preventio	n
Polypharmacy	
BPSD	
Pain management	
Clinical details If there is another reason for referral, please include details here:  For all referrals include a referral letter detailing history, medications and recent investigations.	
Referrer details	
Referrer name:	
Practice:	
Phone:	
Email:	

Submission options - upload this form with referral letter and attachments

HealthLink ID: compassg

Secure email: compassgeriatrics@proton.me (attach this form and referral docs as PDF)

If a review is urgent, please call us on Tel: 1800955802