

ID#_____

Date: __/__/__

BASELINE MEASURES SUMMARY
HEALTH CARE REFERRALS

J. TARGET CONDITION(S) FAIL and CONSENTED TO BE IN STUDY:
(Target conditions: Depression, Falls, Functional impairment
[BADLs, IADLs and/or cognitive impairment], Incontinence)
May have other conditions in addition.

1. ___ Health care referral not indicated (specify reason below)
 - a. ___ Has geriatrics services already
 - b. ___ False positive
 - c. ___ Dementia and/or confusion

2. ___ Health care referral indicated
 - a. ___ SafeNet appointment with NP/MD (Charleen).
(Remind client to bring all medications to appointment.)
 - b. ___ SafeNet appointment with Physical Therapist, if needed.
 - c. ___ Write appointment on front, copy entire packet & give to Diedre
 - d. ___ Medical Records Release signed, copied, mailed

3. ___ Other
(specify: _____)

L. ___ Additional comments
(optional): _____

