Geriatric Medicine Clinic

Aims to provide a medical assessment for elderly patients with multiple geriatric and general medical problems. Patients will be managed in conjunction with their GPs in a "shared care" model. Most patients will be seen on only a few occasions. Some patients with cognitive issues may have intermittent reviews at periods up to 6 months.

Categories for Appointment

<table>
<thead>
<tr>
<th>Category</th>
<th>Clinical description</th>
<th>Timeframe for Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1 - Urgent</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Category 2 - Routine</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

**EMERGENCY**

- **CRS** (Clinical Response Service)
  - BH: M-F 0800-1800
  - 0417 124 544

- **RESI-IN-REACH**
  - BH: M-F 0800-1800
  - Weekends/pub hols *
  - 0900-1700
  - 0439 117 955 (R-I-R nurses)

**EMERGENCY DEPARTMENT**

Aim to see patients within 4 hours. Provides acute medical management in patient’s own environment as an alternative to an ED presentation.

Provides an alternative to ED for RACF residents requiring relatively simple clinical procedures or assistance with end of life issues.

Eligibility Criteria

Elderly patients with multiple geriatric and general medical problems. The GMC is not established as a full multidisciplinary clinic and does not seek to displace or usurp the unique role of identified specialist clinics (eg. movement disorders, falls or cognitive dementia/memoy impairment). However, it is common that patients presenting with a predominantly identified individual clinical problem often have multiple problems beyond the scope of any individual specialist clinic. Specific examples of this include:

1. Cognitive impairment dementia and memory issues. More “straight forward”/established / suspected dementias of Alzheimer’s Disease type who may be candidates for dementia medications especially with multiple other medical problems would be suitable for GMC
2. Patients with some falls when often the falls are part of a combination of medical problems and could be suitable for review at GMC
3. Parkinson’s/Movement – The presence of movement disorder in combination with a number of other disorders is not a contraindication to attendance for a GMC.
4. Continence – Specific/specialist continence problems should be assessed and investigated at the Continence clinic, however, continence in the setting of multiple other problems may be suitable for the GMC as may further follow up by Continence Physician after Continence investigations.
## Exclusions and Alternative Referral Options

<table>
<thead>
<tr>
<th>Patients best served by a full formal Multidisciplinary assessment may be better to be primarily referred to a specialist clinic.</th>
<th>Eg Falls clinic, Movement Disorders clinic, Continence clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive impairment dementia and memory issues, generally younger patients, those with complex or difficult to diagnosis cognition issues and early dementia and suspected mild cognitive impairment should go to CDAMS</td>
<td>CDAMS clinic for full multidisciplinary assessment.</td>
</tr>
</tbody>
</table>

## Clinic Information

- Clinics occur most afternoons. Every effort is made to book patients in to a clinic at the most suitable location for the patients and family /Carers. Patients are bulk billed and there are no “out of pocket costs” to patients for attendance at clinics.
- The Mornington Centre Ambulatory Care Centre
  Cnr Tyalla Grove and Separation Street
  Mornington VIC 3931
  Tel: (03) 5976 9000  Fax: (03) 59769136
- Golf Links Road Campus
  125 Golf Links Road
  Frankston VIC 3199

**REFERRALS FOR THE CLINIC ARE WELCOME AND SHOULD BE SENT TO THE PH ACCESS UNIT FAX 9787 9954**

Written medical referrals are essential for the Geriatric Medicine Clinic for professional and MBS purposes as the PH Geriatricians are registered as Consultant Physicians for MBS purposes. When referrals are addressed to an individual named Geriatrician patients will generally be seen by the named Specialist unless exceptional circumstances.

## Minimum Referral Information Required

(Please note, cannot be processed if minimum information is missing)

- **Referral must be addressed to a named practitioner** Dr Peter Lynch, Dr Anjali Khushu, Dr Kim Tew, Dr Stephen Loi, Dr Kamran Kheyri, Dr Raj Singh for MBS purposes
- Referring practitioner name, provider number and signature.
- Date of referral
- **Period for which referral is valid (if different to standard referral validity)**
- Patient’s name, address, date of birth, Medicare number and phone number.
- Clinical details and reason for referral.
- Relevant medical history
- Medications
- Allergies
- Results of all recent and relevant investigations