Objective: The aim of this study was to identify which elderly patients at risk of functional clinical vulnerability should be referred to specialized geriatric-gerontological care based on the Functional Clinical Vulnerability Index (IVCF-20) compared to the geriatric evaluation, used as a gold standard. Methods: The study was cross-sectional, in which the results obtained in the IVCF-20 were compared with the results verified in AGA (Broad Geriatric Evaluation). Considering that the elderly with scores above 6 are at risk of clinical-functional vulnerability, the objective was to define, among these, from which score the elderly would be considered at high risk of vulnerability, based on a high specificity (equal or greater than 95%) and a sensitivity of not less than 50%. Results: A cut-off point of 15 points was identified, with sensitivity of 52% and specificity of 98%. Discussion: The high specificity obtained indicates that probably few elderly at risk with a score equal to or greater than 15 would be unnecessarily referred to specialized gerontological care, thus optimizing the use of health resources.