SOCIAL PRESCRIBING PROGRAM REFERRAL FORM

- **Please fax referral to the Seniors' Community Connector (SCC) in the patient's community (see pg. 3)**
- **Resource availability and turn-around time varies for each community, please call the SCCs for questions prior to referral.**

Referral Date		Patient Verbal Consent Obtained Prior to Referral ☐

Patient Information

Patient Name		Referral Criteria: (Bolded=mandatory)
Date of Birth		☐ **Older Adults 65+** (for exceptions, please call SCC)
Address		☐ **Willingness AND Ability to Develop Wellness Plan with SCC** (or have support person to assist)
		☐ Frailty
Patient Phone #		☐ Lacks informal supports and/or lives alone
Caregiver/support person phone# & relationship		☐ Social isolation/Emotional support

Referral Reason (see examples on page 2)	☐ Nutrition support/food access concerns ☐ Assist with discharge home from hospital (Please call SCC to confirm availability) ☐ Physical Activity Needs ☐ IADL Resource Navigation ☐ Social Engagement/Leisure Activities ☐ Caregiver Support
Current Services Involved	☐ Home Health ☐ Mental Health ☐ Seniors Clinic ☐ Other services:

Referrer Info

Referring Site (Unit)	
If Hospital/PAC--Expected Date of Discharge	
Referrer Name	
Referrer Position	
Direct Phone #	
Email (if preferred)	

Is follow-up report required? ☐ Yes ☐ No   (with patient consent)

If yes, to whom? Name: _____ Role: _____

Email/Fax: _____

Additional patient info that can support SCC connection
(E.g. Language, Hearing, Cognitive, Vision, Mobility, Risk Factors to explore or consider, etc.)

Is interpreter required? ☐ Yes ☐ No; primary language: _____

Mobility issue ☐ Yes ☐ No

Living Arrangements ☐ Lives alone ☐ Lives with others ☐ Assisted Living ☐ LTC ☐ Pet ☐ Other Specify

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SOCIAL PRESCRIBING PROGRAM REFERRAL FORM and GUIDE

What is Social Prescribing?	Social Prescribing is a non-medical, non-clinical referral with the purpose of meeting the need for social and community supports.
How does social prescribing work?	Identify socially vulnerable patient > Conversation between patient and health provider > **Obtain verbal consent and provide pamphlet** > Referral form faxed to Seniors' Community Connector (SCC) > SCC works with patient to create wellness plan and continues to follow up as need > Patient is connected to community resources > SCC relay care plan to health care provider upon consent
Script for obtaining verbal consent	"Seniors who live alone or have few supports experience better health when connected to community supports. Do you consent to sharing your personal information listed in this referral to a Seniors' Community Connector so that they may contact you to tell you more about community services that may be of interest to you? Your family practitioner/home health nurse may receive a report on your progress with your consent."
Examples of Seniors' Community Connector Support	**Nutrition support/Food access concerns:** Patient says they need help with meals/groceries. SCC connects patient to meal delivery/food bank programs. **Assist with discharge home from hospital:** Patient says that they have no one to help with tasks related to discharge. SCC connects with patient to talk about specific needs related to getting home (Please call SCC to confirm availability) **Physical activity needs:** Patient says they would like to be more active. SCC connects patient to community exercise programs/community centers. **Instrumental Activities of Daily Living Resource Navigation:** Patient is homebound and/or lacks informal supports and says they need help with basic daily activities such as cooking, housekeeping & transportation services. SCC connects patients to community resources. **Social engagement/Leisure activities:** Patient feels lonely. SCC connects patient to peer support and/or social activities such as community center/men's group.