

# **CLIENT REFERRAL FORM**

## Seniors' Community Connector Social Prescribing Program

Please review the Referral Guide on back of form for program description, referral criteria and examples of non-clinical services. If you have any questions, please contact the Seniors' Community Connector at 604-885-4088 or <a href="mailto:secondecentre.ca">sec@resourcecentre.ca</a>.

Section 1: Client Inforn	nation				
Client's Name (First and Last Nar	ne): Gender:	Date of Birth:	Phone:		
		DD/MM/YYYY	Email:		
Address:	City:	Province:	Postal Code:		
Section 2: Reasons for Referral					
Referral Date (DD/MM/YYYY): Please identify the area of support the patient would like help connecting with (examples on back):					
Physical Activity Programs					
Nutrition/Food Programs					
Social Programs & Services					
Caregiver Programs					
**Are there any restrictions or limitations to be aware of?					
Section 3: Referral Sou	rce Information				
(Please do not fill out this section	if you are a client and/or se	elf-referring.)			
Name:	Relationship to	o Client:	Agency (if applicable):		
Phone: Em	nail:	Do you require notice of i	ntake and assignment?	Yes	No
Please confirm that the client has	consented to this referral:	Yes No			
If not, please explain:					
Statement of Confidentiality: The	Social Prescribing Progran	m respects the privacy of	our program participants. <i>A</i>	All record	s dealing



without the program participant's written consent.

with Social Prescribing Program participants will be treated as confidential and will not be distributed outside of the organization



## **CLIENT REFERRAL FORM**

Seniors' Community Connector Social Prescribing Program

### **Program Description:**

The Social Prescribing Program supports seniors to access non-clinical, community-based services to prevent or delay frailty by fostering resilience and social support using a comprehensive, strength-based approach. Participants of social prescribing programs have reported improvements to health and wellbeing, health-related behaviour, emotional state, social contacts and day-to-day functioning. When a health care provider identifies a patient who could benefit from the program they can send a "prescription" to the Seniors' Community Connector who will support the patient to access suitable local sources of support.

### **Referral Criteria:**

Seniors living in the Lower Sunshine Coast area who are experiencing: • social isolation • emotional problems • major life events such as loss of a spouse • chronic diseases • physical inactivity • poor nutrition and/or food security concerns • poor health outcomes associated with social determinants of health (low income, Indigenous/Métis/Inuit, etc.) • frequent use of primary health care.

# **Examples of non-clinical community support services:**

### **Physical Activity Programs**

Walking groups, chair yoga, Aquafit, Steady Feet, activity centre recreational programs.

### **Nutrition/Food Programs**

Social meal programs, Meals on Wheels, volunteer shopper programs, food banks and food security programs.

#### **Social Programs & Services**

Art classes, book clubs, coffee clubs, knitting groups, community centres, mental health services and support with applications for HandyDart, adult day programs, and affordable housing.

#### **Caregiver Programs**

Support groups, educations sessions, one-to-one support.

## What does the social prescription program look like in practice?















SENIOR WITH COMPLEX NEEDS

REFERAL MADE BY A HEALTH CARE PROFESSIONAL, FAMILY, OR FRIEND TO SENIOR'S COMMUNITY CONNECTOR SENIORS' COMMUNITY CONNECTOR LINKS SENIOR TO NON-CLINICAL, COMMUNITY-BASED, HOLISTIC ALTERNATIVE SOURCES OF SUPPORT SENIOR IS CONNECTED TO APPRORIATE COMMUNITY SERVICES, PROGRAMS AND SUPPORTS