

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 marganne@resourcecentre.ca.

Section 1: Client Informat	ion				
Client's Name (First and Last Name):	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 th	e patient would like help	connecting with (exampl	es on back):		
Physical Activity Programs					
Nutrition/Food Programs					
Social Programs & Services					
Caregiver Programs					
**Are there any restrictions or limitat	ions to be aware of?				
Section 3: Referral Source	Information				
(Please do not fill out this section if yo	ou are a client and/or self-	referring.)			
Name:	Relationship to (Client:	Agency (if applicable):		
Phone: Email:	[Do you require notice of i	ntake and assignment?	Yes	No
Please confirm that the client has cor	sented to this referral:	Yes No			
If not, please explain:					
Statement of Confidentiality: The Soc	ial Prescribing Program	respects the privacy of (our program participants. A	ll record	s dealing

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



without the program participant's written consent.



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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

Osteofit, walking groups, chair yoga, lawn bowling, Aquafit, Move for Life.

Nutrition/Food Programs

Batch cooking programs, congregate meal programs, cooking classes, Meals on Wheels, Food Bank 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, taxi savers, 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 TO THE SENIORS' COMMUNITY CONNECTOR



SENIORS' COMMUNITY CONNECTOR LINKS SENIOR TO NON-CLINICAL COMMUNITY-BASED ALTERNATIVE SOURCES OF SUPPORT



SENIOR IS CONNECTED TO APPRORIATE COMMUNITY SERVICES, PROGRAMS AND SUPPORTS