

SOCIAL PRESCRIBING PROGRAM REFERRAL FORM

- Please fax referral to the Seniors' Community Connector (SCC) in the patient's community (see pg. 2)
- 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 Info

Patient Name _____

Date of Birth _____

Address _____

Patient Phone # _____

Caregiver/support person phone # & relationship _____

Referral Criteria: (Bolded=mandatory)

- Older Adults 65+** (for exceptions, please call SCC)
- Willingness AND Ability to Develop Wellness Plan with SCC** (or have support person to assist)
- Frailty
- Lacks informal supports and/or lives alone
- 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 issues Yes No

SOCIAL PRESCRIBING PROGRAM REFERRAL FORM: 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 with community resources > SCC relay care plan to healthcare 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	<p>Nutrition support/Food access concerns: Patient says they need help with meals/groceries. SCC connects patient to meal delivery/food bank programs.</p> <p>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)</p> <p>Physical activity needs: Patient says they would like to be more active. SCC connects patient to community exercise programs/community centers.</p> <p>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.</p> <p>Social engagement/Leisure activities: Patient feels lonely. SCC connects patient to peer support and/or social activities such as community center/men's group.</p>		
City	Organization and SCC Name	SCC Phone	Fax
Abbotsford	Archway Community Services - Trina	604-743-0393	604-859-6334
Burnaby	MOSAIC- Zarif	604-438-8214 ext. 115	604-438-8260
Chilliwack/Agassiz/Hope	Chilliwack Community Services - Leila	778-539-5435	604-792-6575
Coquitlam, Port Coq., Port Moody, New Westminster	SHARE Family & Community Services - Steffania	604-540-9161 ext. 567	604-540-2290
Langley	Langley Senior Resources Society - Linda	778-871-5366	604-532-1320
Maple Ridge/Pitt Meadows	Maple Ridge/Pitt Meadows Community Services - Sandi	604-868-4501	604-677-6647
Mission	Mission Community Services Society - Shiloh	604-826-3634	604-820-0634
South Delta	Kin Village Association – Namrata	236-880-4120	604-943-1911
Surrey/North Delta	DIVERSEcity Community Resources Society - Simren* & Mandeep**	604-507-2266 604-307-4024*(urgent) 604-306-7193**(urgent)	604-597-0488
White Rock/South Surrey	Brella Community Services Society - Janice	604-531-9400 ext. 204	1-855-510-5701
Please fax an internal copy of all referrals to 604-528-5487 to assist with data collection and evaluation. Thank you!			