



Seniors Community Connector
Social Prescribing Program
REFERRAL FORM



Referral Date: _____ Client has given consent to this referral

REFERRER Information/Physician Office (*Stamp or name, phone and/or fax*):

Name/Title: _____
Phone/Fax: _____
Address: _____
Email: _____

PATIENT/PARTICIPANT Information

Name: _____ Phone: _____
Address: _____ Email: _____
DOB _____ PHN: _____

Alternate Contact Information: _____
Alternate Contact Relationship: _____

Please select the kind of services you would like to refer this individual to. For criteria and more examples of non-clinical services that may benefit your patient, please review the Referral Guide on the reverse side. Please include as much patient information as possible, where available.

- Social Engagement
- Physical Activity
- Nutrition/Food Programs
- Community Services
- Caregiver Program
- Other

- Current Services Involved**
- Home Health
 - Seniors Outpatient Clinic
 - Seniors Mental Health
 - Other Services
 - Not Applicable

Additional participant information (*i.e. discharge date, hearing and visual loss, mobility restrictions, primary language, family contact information, safety concerns, substance use, etc.*):

CHERRYVILLE: Amanda Derdau
EMAIL: cherryvilleoutreach@hotmail.com
PHONE: 250-547-0089
FAX to: 250-547-0059

LUMBY: Jennifer Pinsonneault
EMAIL: jenniferp@whitevalley.ca
PHONE: 250-547-8866
FAX to: 250-547-6285



Seniors Community Connector
Social Prescribing Program
REFERRAL FORM



REFERRAL GUIDE

Program Description

Guided by the Social Determinants of Health, 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. Health Care practitioners and physicians can refer an individual to a Community Connector, who will work with the individual to support their well-being.

Participants of social prescribing programs out of the UK have reported improvement to health and wellbeing, health-related behavior, emotional state, social contracts and day-to-day functioning.

Referral Criteria

Seniors who are experiencing:

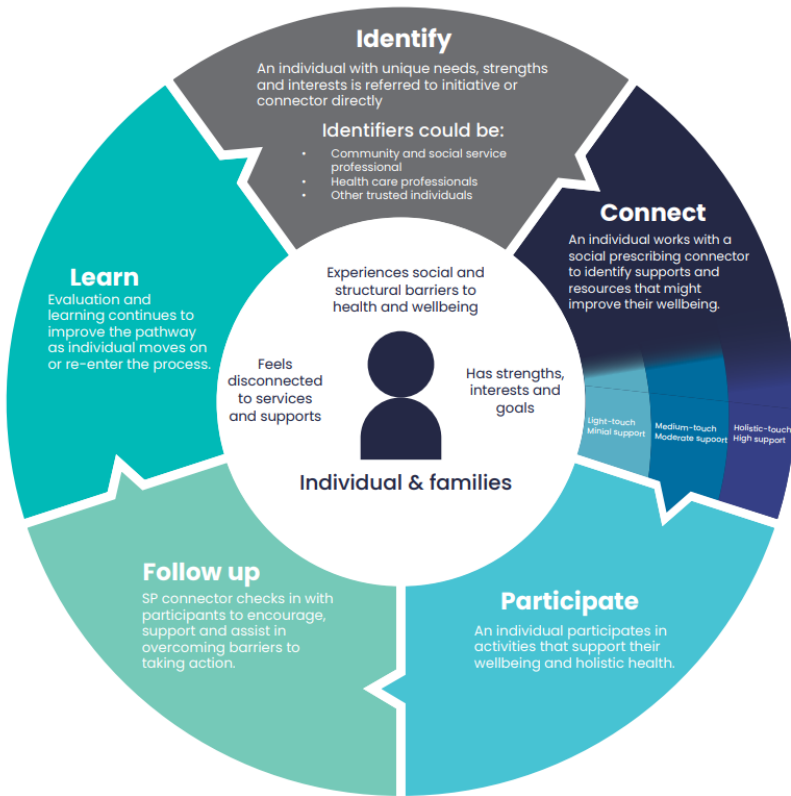
- Social isolation
- Depression/anxiety
- Major life events such as loss of a spouse
- Living with chronic disease
- Physical inactivity
- Frailty or danger of frailty
- Poor nutrition and/or food insecurity concerns
- Poor health outcomes associated with social determinants of health (low income, Indigenous/Metis/Inuit, LGBTQA2S, history of Adverse Childhood Experience etc.)
- Frequent use of primary health care.

Examples of Non-clinical Community Support Services (Services may vary)

- **Social Programs**
 - Social groups and meals, community activities, coffee clubs, special events, volunteer programs, vocational opportunities, support groups and education sessions.
- **Physical Activity Programs**
 - Fitness classes, walking groups, chair yoga, lawn bowling, Aquafit, and sports. |
- **Community Services**
 - Access to information and support for transportation, affordable housing or food/nutrition programs.
- **Caregiver Programs**
 - Support groups, education sessions, one-to-one support.



Seniors Community Connector Social Prescribing Program REFERRAL FORM



Source: Canadian Institute for Social Prescribing

