

NFLA SOCIAL PRESCRIBING PROGRAM REFERRAL FORM

Referral Date: _____

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

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

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.

PATIENT/PARTICIPANT Information:

Name: _____	<input type="checkbox"/> Social / Physical Activity
Phone: _____	<input type="checkbox"/> Housing Support
Address: _____	<input type="checkbox"/> Nutrition/Food Programs
Email: _____	<input type="checkbox"/> Community Services
DOB: _____ PHN: _____	<input type="checkbox"/> Counselling Programs
Alternate Contact Name: _____	<input type="checkbox"/> Other:
Relationship: _____ Phone: _____	

<p>Current Services Involved</p> <p><input type="checkbox"/> Home Health</p> <p><input type="checkbox"/> Seniors Outpatient Clinic</p> <p><input type="checkbox"/> Mental Health</p> <p><input type="checkbox"/> Other Services</p> <p><input type="checkbox"/> Not Applicable</p>

<p>Additional participant information (<i>i.e. discharge date, hearing/visual loss, mobility restrictions, primary language, family contact information, safety concerns, substance use, etc.</i>):</p>
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Client has given consent to this referral

**FAX or Email completed forms to:
250-753-0268 or
Socialprescribing@nflabc.org**



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REFERRAL GUIDE

Program Description

Guided by the Social Determinants of Health, the Social Prescribing program supports seniors to access community-based services to prevent or delay frailty by fostering resilience and social support using a comprehensive, strength-based approach. Health Care practitioners, physicians and other community members can refer an individual to a Community Connector, who will work with the individual to support their well-being.

Referral Criteria

Seniors who are experiencing one or more of the following:

- 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.
- **Counselling and Mental Wellness Programs**
 - Support groups, education sessions, one-to-one support.

