**Referral Form**

Please review the Referral Guide on back of form for program description, referral criteria and examples of non-clinical services that may benefit your patient.

If you have any questions, please contact the Social Prescribing Coordinator at: 250-748-2133.

|  |  |
| --- | --- |
| Referrer Information/Physician Office:  Stamp or name, phone and/or fax | Patient Information:  Name, contact information |
| Name Referrer Name | Name Patient Name |
| Phone/Fax Phone Number or Fax | Phone Phone Number |
| Address Address | Address Address |
| Email youremail@.com | Email youremail@.com |

Referral Date: Click enter date

Physical ActivityClick here to enter text

Nutrition/Food Click here to enter text

Social Activity Click here to enter text

Caregiver Program Click here to enter text

\*\* Are there any restrictions or limitations to be aware of? Yes No

Please explain

|  |  |
| --- | --- |
| Six-week follow-up report instructions | **Physician/Referrer:** Name  Call to office Ph: Phone Number  Fax to office Fax: Fax Number |

Check box if patient has been informed of referral and agrees to undertake social prescription

Email this page only to: [socialprescribingcowichan2133@gmail.com](mailto:socialprescribingcowichan2133@gmail.com)

Statement of Confidentiality: The Social Prescription Program at Volunteer Cowichan respects the privacy of our program participants. Volunteer Cowichan takes the confidentiality of its clients, participants, volunteers, and employees seriously. All records dealing with the Social Prescription Program will be treated as confidential and will not be distributed outside of the organization without the program participant’s consent

**Referral Guide**

**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 out of the UK have reported improvement to health and wellbeing, health-related behaviour, emotional state, social contracts and day-to-day functioning. When a Healthcare provider identifies a patient, who could benefit from the program, they can send a “prescription” to the Social Prescribing Coordinator who will support the patient to access suitable local sources of support.

**Referral Criteria**

Seniors in the Cowichan Region who are experiencing:

* Social isolation
* Depression/anxiety
* Major life events such as loss of a spouse
* Common health issues such as heart failure and COPD
* Physical inactivity
* 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**

* **Physical Activity Programs**
  + Osteofit, walking groups, chair yoga, lawn bowling, Aquafit, Move for Life
* **Nutrition/Food Programs**
  + Batch cooking programs, community kitchens, cooking classes, Meals on Wheels, Food Bank and food security programs
* **Social Programs and Services**
  + Art classes, book clubs, coffee clubs, knitting groups, community centres, mental health services and support with applications for HandiDart and affordable housing
* **Caregiver Programs**
  + Support groups, education sessions, one-to-one support

**What Does the Social Prescription Program Look Like in Practice?**

