

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 that may benefit your patient. If you have any questions, please contact the Seniors' Community Connector at 604-507-2266 or seniors@dcrs.ca.

Section 1: Client Information							
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/YYY):

Please identify the area of support the patient would like help connecting with (examples on back):

Physical Activity Programs	
Nutrition/Food Programs	
Social Programs & Services	
Caregiver Programs	
**Are there any restrictions or lim	itations to be aware of?

Section 3: Referral Source Information

(Please do not fill out this section if you are a client and/or self-referring.)

Name: Relationship to		o Client:	Agency (if applicab	Agency (if applicable):	
Phone:	Email:	Do you require notice of intake and assignment?		t? Yes	No
Please confirm that the cli	ent has consented to this referral:	Yes	No		
If not, please explain:					

Statement of Confidentiality: The Social Prescribing Program respects the privacy of our program participants. All records 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.





United Wav l ower Mainland

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Social Prescribing Program

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 Surrey 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, affordable housing

Caregiver Programs

support groups, educations sessions, one-to-one support

What does the social prescription program look like in practice?



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