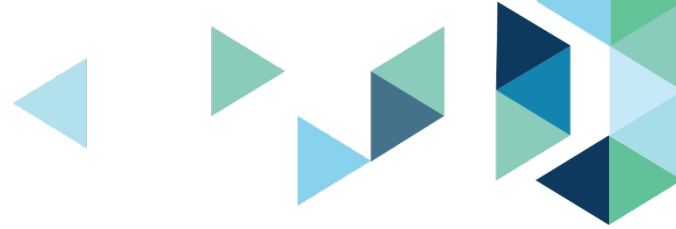




REFERRER DETAILS			Date of Referral	
Title & First Name		Last Name		
GP Practice/Organisation		Provider #		
Address				Post Code
Phone No.		Email		
Fax No.		HealthLink EDI		
PATIENT / CLIENT DETAILS				
First Name		Date of Birth		
Last Name		Preferred Name		
Address				Post Code
Phone No.		Email		
Consent to referral	<input type="checkbox"/> YES <input type="checkbox"/> NO		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
REASON FOR SOCIAL PRESCRIPTION & AREAS OF SUPPORT REQUIRED				
<input type="checkbox"/> Emotional Wellbeing	<input type="checkbox"/> Social Connection	<input type="checkbox"/> Housing or Social Supports	<input type="checkbox"/> Families & Relationships	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Physical Health / ADLs	<input type="checkbox"/> Food, Diet, or Lifestyle	<input type="checkbox"/> Financial Needs & Benefits	<input type="checkbox"/> Employment & Education	<input type="checkbox"/> NDIS & My Aged Care
Goals of Social Rx Prescription <ul style="list-style-type: none"> - What are the main opportunities/goals? - What can we assist with? - Any other relevant information 				
WHAT ARE SOCIAL Rx [®] and SOCIAL PRESCRIBING?				
<p>Social Rx supports people to access non-clinical, local, community based services to improve their health, wellbeing and quality of life. Many people can benefit from Social Rx such as:</p> <ul style="list-style-type: none"> - People with long term health issues such as heart failure and COPD - People experiencing social isolation, depression or anxiety - People who have had major life events such as loss of a partner, job, or house - People wanting more physical activity or needing better access to healthy foods - People more at risk of poor health outcomes associated with social determinants of health - People who frequently use of primary health care and other supports <p>Social Rx Link Workers (social workers) can assist people to find supports such as:</p> <ul style="list-style-type: none"> - Physical Activity Programs like walking groups, chair yoga, lawn bowling, Healthy Weight for Life - Healthy Lifestyle/Food Programs like Meals on Wheels, food banks and cooking classes - Social Programs & Services like art classes, book clubs, coffee clubs, knitting groups, community centres - Support to Access Government Services like support with applications for the NDIS, MyAgedCare, NSW Housing and Centrelink <p>Participants of Social Rx have reported improvements in health and wellbeing, quality of life, socialisation, financial wellbeing, work readiness, social contacts, health related behaviours, and day-to-day functioning, and reductions in frequency of health service utilisation, pain and mental ill health. See DOI 10.25082/AHB.2020.01.001 for more information.</p>				



KEY RELEVANT ISSUES (what else do we need to know and what should we avoid)			
Description of key presenting or underlying issues of relevance to this referral and any key information (e.g., cultural needs; medical; medication issues; developmental, functional; living skills; social; emotional; trauma, abuse and neglect; etc.)			
SAFETY ALERTS - Are there any risk factors we should be aware of when visiting the home/client? For example if there is a history of aggressive behaviour? <i>Please tick all that apply.</i>		<input type="checkbox"/> YES - please provide details below or attach risk assessment <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
		<input type="checkbox"/> Risk of harm to self <input type="checkbox"/> Risk of harm to other <input type="checkbox"/> Mental Health Order <input type="checkbox"/> Enduring Power of Attorney <input type="checkbox"/> Not able to make own decision / Guardianship <input type="checkbox"/> Orders relating to children <input type="checkbox"/> Intervention Order / AVO <input type="checkbox"/> Triggers / Trauma	
Please attach any plans/history		<input type="checkbox"/> YES – I am attaching relevant medical history and/or current treatment plans	
ADDITIONAL CLIENT INFORMATION			
Country of birth		Main language spoken at home?	
Aboriginal	<input type="checkbox"/> YES <input type="checkbox"/> NO	Communication or support required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Torres Strait Islander	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(If needed-tick both)</i> Please specify any specific client needs.	
Does the person have caring responsibilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Does the client have a disability or long term health condition?	<input type="checkbox"/> Long Term Health Condition <input type="checkbox"/> Disability <input type="checkbox"/> Frequent Attendance
Employment status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Pension	Please provide details of long term health conditions.	
CRN (Centrelink)		Recent Hospitalisation	<input type="checkbox"/> YES (Previous 6 Months) <input type="checkbox"/> NO
PHYSICAL ACTIVITY ONLY (only complete for people seeking moderate to high intensity physical activities)			
Does the patient have any past or current medical conditions or needs (e.g., coronary heart disease, COPD, musculoskeletal, BMI over 30)?	<input type="checkbox"/> NO <input type="checkbox"/> YES, If YES advise of any conditions we should be aware of below (e.g., EpiPens, epilepsy, fainting/dizzy spells, asthma inhaler, etc.) and attach any relevant medical history / plans		
Blood Pressure		Resting Heart Rate	
Is the person safely able to do physical activity?	Please Note: Exercise is contra-indicated for people with systolic BP above 180, diastolic above 100 or a resting heart rate above 100bpm. Any patient who has had a heart attack in the last 6 months should also have completed a cardiac rehabilitation program and had cardiological clearance before referral. <input type="checkbox"/> I CONFIRM THAT THE PATIENT'S MEDICAL CONDITION IS STABLE AND THEY ARE ABLE TO DO PHYSICAL ACTIVITY.		
RETURN REFERRAL TO: HealthLink EDI: gpsocial Email: NSWintake@pccs.org.au Fax: 1300 067 747 Or Call Us On (02) 9477 8700			