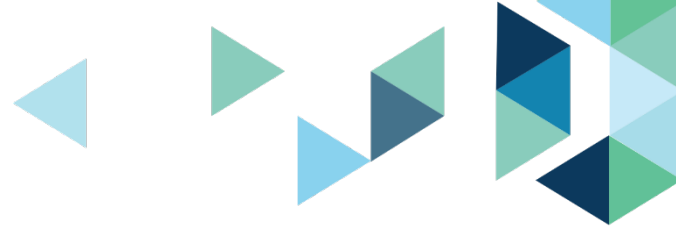


REFERRER DETAILS			Date of Referral						
Title & First Name			Last Name						
GP Practice/Organisation			Provider #						
Address				Post Code					
Phone No.			Email						
Fax No.			HealthLink EDI						
PATIENT / CLIENT DETAILS									
First Name			Date of Birth						
Last Name			Preferred Name						
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 checked="" 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
<b>Goals of Social Rx Prescription</b> <ul style="list-style-type: none"> <li>- What are the main opportunities/goals?</li> <li>- What can we assist with?</li> <li>- Any other relevant information</li> </ul>									
WHAT ARE SOCIAL Rx <sup>®</sup> and SOCIAL PRESCRIBING?									
<p><b>Social Rx</b> supports people to access non-clinical, local, community based services to improve their health, wellbeing and quality of life. Many people can benefit from <b>Social Rx<sup>®</sup></b> such as:</p> <ul style="list-style-type: none"> <li>- People with long term health issues such as heart failure and COPD</li> <li>- People experiencing social isolation, depression or anxiety</li> <li>- People who have had major life events such as loss of a partner, job, or house</li> <li>- People wanting more physical activity or needing better access to healthy foods</li> <li>- People more at risk of poor health outcomes associated with social determinants of health</li> <li>- People who frequently use of primary health care and other supports</li> </ul> <p><b>Social Rx</b> Link Workers and Care Coordinators can assist people to find supports such as:</p> <ul style="list-style-type: none"> <li>- <b>Physical Activity Programs</b> like walking groups, chair yoga, lawn bowling, Healthy Weight for Life</li> <li>- <b>Healthy Lifestyle/Food Programs</b> like Meals on Wheels, food banks and cooking classes</li> <li>- <b>Social Programs &amp; Services</b> like art classes, book clubs, coffee clubs, knitting groups, community centers</li> <li>- <b>Support to Access Government Services</b> like support with applications for the NDIS, MyAged Care, NSW Housing and centrelink</li> </ul> <p>Participants of <b>Social Rx</b> 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 <a href="https://doi.org/10.25082/AHB.2020.01.001">10.25082/AHB.2020.01.001</a> 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.)	
<b>SAFETY ALERTS</b> - 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>	
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, musuloskeletal, 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 <b>attach any relevant medical history / plans</b>		
Blood Pressure		Resting Heart Rate	
Is the person safely able to do physical activity?	<p><b>Please Note:</b> 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.</p> <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**      Fax: 1300 067 747      Or Call Us On (02) 9477 8700