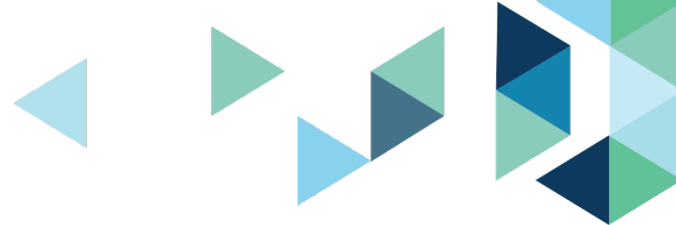


REFERRER DETAILS		Date of Referral
Title & First Name	Last Name	
GP Practice/Organisation	Provider #	
Address	Post Code	
Phone No.	Email	
Fax No.	HealthLink EDI	
PATIENT / CLIENT DETAILS		
First Name	Date of Birth	
Last Name	Preferred Name	
Address	Post Code	
Phone No.	Email	
Consent to referral	☐ YES ☐ NO	Gender ☐ Male ☐ Female ☐ Other
REASON FOR SOCIAL PRESCRIPTION		
Goals of Social Rx Prescription ✓ What are the main goals? ✓ What support does the person currently have? ✓ If the person has an aged care plan or NDIS plan, they will not be eligible for Social Rx ✓ Any other relevant information	Social Rx supports people for up to 12 weeks with non-medical, local and community-based services. What does the person want help with the most right now? 	
WHAT ARE SOCIAL Rx® and SOCIAL PRESCRIBING?		
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: - People with long term health issues such as heart failure and COPD - People experiencing social isolation, depression or anxiety - 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 Social Rx Link Workers can assist people to find supports such as: - 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 MyAgedCare, NSW Housing applications and Centrelink applications 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.		



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>		☐ YES - please provide details below or attach risk assessment ☐ NO ☐ UNKNOWN	
		☐ Risk of harm to self ☐ Risk of harm to other ☐ Mental Health Order ☐ Enduring Power of Attorney ☐ Not able to make own decision / Guardianship ☐ Orders relating to children ☐ Intervention Order / AVO ☐ Triggers / Trauma	
Please attach any plans/history		☐ YES – I am attaching relevant medical history and/or current treatment plans	
ADDITIONAL CLIENT INFORMATION			
Country of birth		Main language spoken at home?	
Aboriginal	☐ YES ☐ NO	Communication or support required?	☐ YES ☐ NO
Torres Strait Islander	☐ YES ☐ NO	(If needed - tick both)	
Does the person have caring responsibilities?	☐ YES ☐ NO ☐ UNKNOWN	Does the client have a disability or long term health condition?	☐ Long Term Health Condition ☐ Disability ☐ Frequent Attendance
Employment status	☐ Full-time ☐ Part-time ☐ Unemployed ☐ Pension	Please provide details of long term health conditions.	
CRN (Centrelink)		Recent Hospitalisation	☐ YES (Previous 6 Months) ☐ 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)?	☐ NO ☐ YES, If YES advise of any conditions we should be aware of below (e.g., EpiPens, epilepsy, fainting/dizzy spells, asthma inhaler, etc.) and <u>attach any relevant medical history / plans</u>		
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. ☐ 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			