

Please review the "Social Prescribing – how it works" document, if you have any questions, please contact the Community Connector at

**Referral criteria**

- Older Adults (age of 55+)     Willingness AND Ability to Develop a Wellness Plan with CC (or have a support person to assist)
- Consent obtained prior to this Referral.** (Please ensure the Individual's consent before submission to the Community Connector)

**Contact information of the Individual**

1. Full Name (Preferred name): \_\_\_\_\_
2. Date of Birth (Month/Day/Year): \_\_\_\_\_ 3. Gender:  Male     Female
4. Home/Living Address (Unit#, Street, City, Postal Code): \_\_\_\_\_
5. Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
6. Caregiver/support person phone number & relationship (If applicable): \_\_\_\_\_
7. Preferred Method of Contact (kindly choose all which apply):
  - In person     Text     Phone Call\*     Email
  - \*If 'Phone Call' is Preferred, is it safe to leave a voice message when a call is not answered?     Yes /  No

**Reasons for the Referral**

8. Please identify reasons for the referral:

**Additional patient info to support the connection with the Community Connector**

9. Does the Individual require any of the following:

- Mobility     Hearing     Cognitive     Vision accommodations
- Language Interpretation - please indicate the language: \_\_\_\_\_
- Risk factors to explore or consider – please describe: \_\_\_\_\_

**Referral source information**

10. Referrer's Full Name: \_\_\_\_\_
11. Phone: \_\_\_\_\_ Email: \_\_\_\_\_
12. Address: \_\_\_\_\_
13. Referrer's role:  Physician     Nurse Practitioner     Home Care Provider     Other \_\_\_\_\_
14. Referrer Site (clinic, agency, department, unit, or program name): \_\_\_\_\_
15. Is a follow-up report required? (with patient consent)     Yes /  No

**Notes**

**Submit this form to the Community Connector:**

- Battleford and Area Community Connector**  
Johanna Lobb • Ph: 1-306-386-7653 • Email: [socialprescribing@battlefordscfs.ca](mailto:socialprescribing@battlefordscfs.ca)
  
- Candle Lake and Area Community Connector**  
Amy Wingate • Ph: 1-306-960-6710 • Email: [rvclsocialprescribing@candlelake.ca](mailto:rvclsocialprescribing@candlelake.ca)
  
- Estevan and Area Community Connector**  
Sheila Farstad • Ph: 1-306-461-9799 • Email: [estevansocialprescribing@gmail.com](mailto:estevansocialprescribing@gmail.com)
  
- Moose Jaw and Area Community Connector**  
Robbie Gamble • Ph: 1-306-690-2977 • Fax:1-306-206-0565 • Email: [socialprescribing@agefriendlymoosejaw.ca](mailto:socialprescribing@agefriendlymoosejaw.ca)
  
- Nipawin and Area Community Connector**  
Keshia Nickel • Ph: 1-306-812-5524 • Fax:1-306-808-5171 • Email: [nipawincommunityconnector@gmail.com](mailto:nipawincommunityconnector@gmail.com)
  
- Regina and Area Community Connector**  
Darryn Oldford • Phone: 1-306-807-8537 • Fax: 1-639-631-2035 • Email: [socialprescribingregina@gmail.com](mailto:socialprescribingregina@gmail.com)
  
- Regina and Area (Indigenous Clients Only)**  
Shelley Aisaican • Ph: 1-639-999-5490 • Fax: 1-639-631-2502 • Email: [socialprescribingregina2@gmail.com](mailto:socialprescribingregina2@gmail.com)
  
- Saskatoon and Area Community Connector**  
Jennifer White • Ph: 1-306-652-7522 • Fax: 306-808-5171 • Email: [socialprescribingsaskatoon@gmail.com](mailto:socialprescribingsaskatoon@gmail.com)
  
- Shaunavon and Area Community Connector**  
Tracy McConnell • Ph: 1-306-294-7599 • Email: [socialprescribingshaunavon@gmail.com](mailto:socialprescribingshaunavon@gmail.com)
  
- Swift Current and Area Community Connector**  
Chantel Pretorius • Ph: 1-306-778-2787 • Email: [socialprescribingsc@swiftcurrent.ca](mailto:socialprescribingsc@swiftcurrent.ca)
  
- Yorkton and Area Community Connector**  
Jan Cochrane • Ph: 1-306-621-1050 • Email: [yorktonsocialprescribing@gmail.com](mailto:yorktonsocialprescribing@gmail.com)

**Other:** \_\_\_\_\_  
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