



**Links2Wellbeing**  
social prescribing for older adults



## Client Referral Form

**Date:** \_\_\_\_\_

**Name of client:** \_\_\_\_\_

**Client phone number:** \_\_\_\_\_

**Client email address (if applicable):** \_\_\_\_\_

**Reason for referral. Please check all that apply.**

☐

Social isolation

☐

Loneliness

☐

Mild<sup>1</sup> depression and/or anxiety

☐

Other. Please specify: \_\_\_\_\_

**Referral source:**

☐

Community Health Centre (CHC). Please specify role of referring individual (e.g. physician, nurse). \_\_\_\_\_

☐

Family Health Team (FHT). Please specify role of referring individual (e.g. physician, nurse) \_\_\_\_\_

☐

Community Paramedic

☐

Solo physician

☐

Nurse Practitioner-Led Clinic (NPLC)

☐

Hospital. Please specify department. E.g. discharge planning

☐

Other. Please specify: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please send this referral form to **Bethany Vallentin @ [bvallentin@nyseniors.org](mailto:bvallentin@nyseniors.org)**

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<sup>1</sup> Please note that the social and recreational programs are not able to serve clients requiring clinical interventions or those individuals who are living with significant cognitive impairments.

