

SENIOR SOCIAL PRESCRIBING REFERRAL FORM

FOR HEALTH CARE PROVIDERS



Use this form to connect older adults to non-clinical services in the community to enhance their social connections, health & well-being.

CONTACT INFORMATION:

Full Name _____ Phone Number _____
 Address _____ E-Mail _____

ALTERNATE CONTACT:

Full Name _____ Phone Number _____
 Address _____ E-Mail _____
 Relationship to Client/Patient _____

REASON FOR REFERRAL

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Meal Program | <input type="checkbox"/> Recreation | <input type="checkbox"/> E.R.I.K.® |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Yard Maint. |
| <input type="checkbox"/> Social Connection | <input type="checkbox"/> Volunteer Opportunity | <input type="checkbox"/> House Maint. |
| <input type="checkbox"/> Other | | |

REFER TO: Select one (1) senior resource coordinator where client/patient resides:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> EAST DOWNTOWN
Ph: (204) 956-6440
intake@aosupportservices.ca
Fax: (204) 946-5667 | <input type="checkbox"/> ST. BONIFACE/ ST. VITAL
Ph: (204) 254-1010
seniorresources@dakotacc.com
Fax: (204) 946-5667 | <input type="checkbox"/> KEEWATIN/INKSTER
Ph: (204) 774-3085
kinrc@mts.net
Fax: (204) 694-5868 | <input type="checkbox"/> CONSEIL DES FRANCOPHONES 55+
Ph: (204) 235-0670
conseil55@fafm.mb.ca
Fax: (431) 317-1093 |
| <input type="checkbox"/> POINT DOUGLAS
Ph: (204) 792-2920
pdsc@aosupportservices.ca
Fax: (204) 946-5667 | <input type="checkbox"/> TRANSCONA
Ph: (204) 222-9879
tcs@mymts.net
Fax: (204) 222-5774 | <input type="checkbox"/> ASSINIBOINE SOUTH/
RIVER HEIGHTS
Ph: (204) 478-6169
resources@swsrsc.ca
Fax: (204) 946-5667 | <input type="checkbox"/> ALZHEIMER CLIENT SUPPORT
Ph: 1-800-378-6699
support@alzheimer.mb.ca
Fax: 1-833-638-0760 |
| <input type="checkbox"/> FORT GARRY
Ph: (204) 956-6440
intake@aosupportservices.ca
Fax: (204) 946-5667 | <input type="checkbox"/> RIVER EAST
Ph: (204) 667-6812
resf@gnalc.ca
Fax: (204) 938-5119 | <input type="checkbox"/> ST. JAMES ASSINIBOIA
Ph: (204) 560-5184
resource@stjamescentre.com
Fax: (204) 940-2443 | |
| <input type="checkbox"/> WEST DOWNTOWN/
BROADWAY
Ph: (204) 956-6440
intake@aosupportservices.ca
Fax: (204) 946-5667 | <input type="checkbox"/> SEVEN OAKS - E& W ST. PAUL
Ph: (204) 339-1701 ext 205
sevenoaksseniors@gwensector.com
Fax: (204) 334-3779 | <input type="checkbox"/> A & O System Navigator
Ph: (204) 956-6440
intake@aosupportservices.ca
Fax: (204) 946-5667 | |

REFERRAL SOURCE/HEALTH CARE PROVIDER: (Required)

Name _____ Clinic/Agency _____
 Phone _____ Fax _____
 Email _____

CONSENT RECEIVED Yes No
FOLLOW UP REQUESTED Yes No

DATE OF REFERRAL _____
 mm/dd/yyyy