Social Prescribing Assessment & Wellness Plan

Name: Date:

Referral Source: Referral Date:

Reason(s) for Referral

☐ Social Programs ☐ Exercise Programs ☐ Wellness Programs ☐ Outdoor Activities ☐ Info and Navigation Support	☐ Volunteering ☐ Digital Equity ☐ Food Support ☐ Art and Culture ☐ Other ______________________________

Barriers to accessing Social Prescriptions (as completed by the referral source; if not, to be completed post-assessment)

Barrier	Details
☐ Language	
☐ Physical Accessibility	
☐ Hearing	
☐ Vision	
☐ Mental Health (impacting ability to participate)	
☐ Transportation (cost, lack of availability)	
☐ Financial	
☐ Access to digital supports	
☐ Caregiving/Family responsibilities	
☐ Other	

Introduction:

1	Health Equity Questionnaire (if avail.) reviewed by the Social Prescribing staff:
	☐ Yes ☐ No/Incomplete (request client to complete at an appropriate time)
2	☐ Review/verify reasons for referrals and barriers Comments:

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Assessment:

Use comment sections to add qualitative or quantitative measures (e.g., preferences, interests, # of hours, etc.)

A	**Social Connections**	**Initial** Y N	**F/U** Y N
1	Do you ever feel lonely or isolated?		
2	Do you have people you can rely on if you need help?		
3	Would you like to take part in any/more hobbies or activities?		
4	Would you like to connect with individuals with shared interests?		
	Comments:		

B	**Being Active**	**Initial** Y N	**F/U** Y N
1	Do you think you get enough physical activity?		
2	Can you manage your household activities e.g. cleaning, gardening, shopping or laundry?		
3	Can you manage cooking, preparing meals?		
4	Are there any aids/equipment that would help to support your daily living?		
5	Do you go out and about in your community? (prompt: leave your house for recreation, socialization, etc.)		
	Comments:		

C	**Basic Needs**	**Initial** Y N	**F/U** Y N
1	Is it difficult for you to pay for basic needs (e.g., food, shelter, utilities, medications, etc.)?		
2	Does lack of transportation keep you from medical appointments, meetings, work, or from getting what you need?		
3	Do you have consistent access to a phone or the internet?		
	Comments:		

Prepared by: Seniors Care Network 2024
Includes questions adapted from: Social Prescribing Qualification- Self Assessment Tool 2019

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D	Overall Health	Initial	F/U
1	Are you experiencing low mood or anxiety?	Y N	Y N
2	How do you rate your overall health (scale of 1 to 10, 10 being excellent)		
	Comments:		

Wellness Plan:

Client goals & priorities	Recommended Social Prescriptions
1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
Preferred mode of communication	
F/U date	
Discharge (check reason)	
☐ Goals met ☐ Decline services ☐ Client can continue with service/resource without SP support	☐ Inability to connect ☐ Client death ☐ Other:
Other Comments/details	

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