



Seniors Support Referral and Intake Form
Psychosocial Rehabilitation Programs

General Admission Criteria:

The Senior's Support Network (SSN) is a recovery-based, weekly two hour program for individuals 65 years old and up with a severe and chronic mental illness. The goal of SSN is to connect participants with peers who may understand and relate to their experience, as well as build confidence and grow existing strengths. The program focuses on independent living and coping skills and awareness of community resources to support healthy aging and quality of life. Clients are generally admitted for one year, after which time the ability of the program to meet their needs will be reassessed.

Section 1: Referral Source

The potential client is being referred by: _____

Contact number: _____ Email address: _____

[]KW []Psych Outpatient Clinic []SORT Team []Physician Referral []Community Referral

Section 2: Professional Support

Please note: All clients of the Friendship Centre are required to have a Case Manager, Psychiatrist, or General Practitioner who provides professional support regarding the client's mental health concerns. Program staff will contact this individual.

Professional Contact: _____

[]Case Manager []Psychiatrist []G.P.

Phone: _____ Email: _____ Fax: _____

Section 3: Client Information

Name: _____ Birth date: _____

Gender: []Female []Male Email: _____

Primary phone number: _____ Alternate Phone: _____

Home Address: _____ Postal Code: _____

Current Transportation Methods:

Automobile
HandyDART (ID: _____)

BC Transit
Taxi

Primary Mental Health Diagnosis: _____

Dates of Most Recent Hospitalization for Mental Health Concerns: _____

History of Violence to Self or Others

Section 4: Reason(s) for Referral:

Decrease Social Isolation

- Develop Social Support Network
- Engage in Community Activities
- Improve Communication Skills
- Increase Social skills

Decrease Dependence on Formal Supports

- Access appropriate transportation
- Access financial supports
- Build advocacy skills
- Enhance IADLs

- Enhance critical thinking skills
- Enhance decision making skills

Healthy Living

- Increase Physical Activity
- Maintain Healthy Diet
- Maintain Healthy Sleep Patterns

Improve Mental Wellness

- Improve Symptom Management
- Meaningful Occupation

Section 5: Physical Limitations:

Mobility:

- Full mobility
- Short walks only

- Uses mobility aid
- Wheelchair dependent

Section 6: Dietary preferences/restrictions:

- Vegetarian
- Vegan
- Allergies: (Specify) _____
- Soft food only
- Strong Dislikes: _____

- Diabetes
- Low fat diet
- Low sodium diet
- Caffeine restricted
- Other: _____

Section 7: Emergency Contact Information

Name of contact person: _____ Phone Number: _____

Relationship to Client: _____