

Social prescribing review sheet

Name: _____ D.O.B: _____ G.P surgery: _____ NHS Number: _____

Address: _____ Tel.No: _____

Assessment date: _____ Venue: _____ Assessor: _____ Date System-One updated: _____

Name of Child under 16 years of age: _____ D.O.B: _____ School: _____ Parental
responsibility: _____

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Underscored and Bolded = 3 POINTS

Social Prescribing Tool – How do you feel today?

Being active

1. Do you manage your household chores e.g. cleaning, gardening, shopping and laundry?

Prompts: (e.g. due to physical health / motivation / skills)

If no, are there any issues/barriers?

Action Plan

2. Do you manage cooking, preparing meals and personal cares?

Prompts: (e.g. due to physical health / motivation / skills)

If no, are there any issues/barriers?

Action Plan

3. Can you get out and about (walk/bus/car/taxi)?

Prompts: (e.g. mobility / confidence / could rail cards help?)

If no, are there any issues/barriers?

Action Plan

4. Do you feel you get enough physical activity?

Prompts: (e.g. stress balls / chair exercise booklet / walking groups / creating connections / exercise on referral)

If no, are there any issues/barriers?

Action Plan

5. Do you feel you would benefit from any lifestyle advice?

Prompts: (e.g. improving diet/eating habits, stopping smoking, drugs & alcohol etc?)

If yes, are there any issues/barriers?

Action Plan

New Economics Foundation, (2008) Five Ways to Wellbeing. Available from: http://neweconomics.org/five-ways-to-wellbeing-the-evidence/?_sft_project=five-ways-to-wellbeing

National Institute for Clinical Excellence, (2015) Older People: Independence and Mental Wellbeing. Available from: <https://www.nice.org.uk/guidance/ng32>

Baseline

2nd Assessment

Y N

Y N

Y N

Y N

Y N

Y N

Y N

Y N

Y N

Y N

Underscored and Bolded = 3 POINTS

Social Prescribing Tool – How do you feel today?

Where you live

Baseline

2nd Assessment

1. Do you feel your accommodation is suitable for your current needs?

Y

N

Y

N

Prompts: (Stair lift / level access)

If no, are there any issues/barriers?

Action Plan

2. Do you feel that there are any aids or equipment that will support your daily living?

Y

N

Y

N

Prompt: (walking aids / perching stool)

If yes, are there any issues/barriers?

Action Plan

3. Do you feel you need any support with personal safety issues?

Y

N

Y

N

Prompts (e.g. Safer places – vulnerable adults scheme run by local authority

/ domestic violence / victim support / trading standards / Herbert Protocol – see local Police)

If yes, are there any issues/barriers?

Action Plan

4. Do you have a smoke alarm installed and tested it recently?

Y

N

Y

N

If no, are there any issues/barriers?

Action Plan

5. Are you able to keep your house warm and free of damp etc.?

Y

N

Y

N

If no, are there any issues/barriers?

Action Plan

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Underscored and Bolded = 3 POINTS

Social Prescribing Tool – How do you feel today?

Keep learning - Connecting with Family, Friends and the wider community

Baseline

2nd Assessment

1. Do you feel lonely or isolated?

Y

N

Y

N

Prompt: (e.g. befriending / silver line / Samaritans / online dating)

If yes, are there any issues/barriers? **Action Plan**

2. Would you like to take part in more hobbies or activities?

Y

N

Y

N

Prompt: (e.g. I.T. / Crafts)

If yes, are there any issues/barriers?

Action Plan

3. Would you like to try new learning opportunities

Y

N

Y

N

Prompt: (e.g. Expert Patient Programme / Rethink / Mind / adult learning)

If no, are there any issues/barriers?

Action Plan

4. Do you feel you have a good support network?

Y

N

Y

N

Prompt: (e.g. Family / Friends/ social networks/ health professionals)

If no, are there any issues/barriers?

Action Plan

5. Are you experiencing low mood or anxiety?

Y

N

Y

N

Prompt: (e.g. bereavement / family issues / domestic violence)

If yes, are there any issues/barriers?

Action Plan

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Underscored and Bolded = 3 POINTS

Social Prescribing Tool – How do you feel today?

Take notice - Feeling Positive about your health and wellbeing

Baseline

2nd Assessment

1. Do you have any health conditions that you require additional support with?

Y **N** Y **N**

Prompt: (LTC / Sensory Impairment / Continence)

If yes, are there any issues/barriers?

Action Plan

2. Are you able to get enough sleep in order to have sufficient energy to enjoy your day?

Y N **Y** N

If no, are there any issues/barriers?

Action Plan

3. Do you know who you would contact if you were worried about your health?

Y N **Y** N

Prompt: (111 / friends, family / support lines / AA / Samaritans)

If no, are there any issues/barriers?

Action Plan

4. Are you aware of the help available through your local pharmacist?

Y N **Y** N

Prompt: (Pharmacy first - check locally / Pharmacist in General Practice – check locally / medication delivery)

If yes, are there any issues/barriers? Action Plan

5. Have you had any falls in the past 12 months related to poor mobility?

Y **N** Y **N**

Prompt: (falls assessment)

If yes, are there any issues/barriers?

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Social Prescribing Tool – How do you feel today?

Give - Money & further support

Baseline

2nd Assessment

1. Do you have any financial difficulties?

Y **N**

Y **N**

Prompt: (Debt / memory issues power of attorney / mental capacity)

If yes, are there any issues/barriers?

Action Plan

2. Do you feel you need information on benefits for your current situation?

Y **N**

Y **N**

Prompt: (PIP / Attendance Allowance)

If yes, are there any issues/barriers?

Action Plan

3. Do you want information or support with work or volunteering?

Y **N**

Y **N**

Prompt: (Volunteering for RVS / Local NHS Trust / 3rd Sector / do.it.org / Job Centre / Adult Education)

If yes, are there any issues/barriers?

Action Plan

4. Is there anything else you would like support with?

Y **N**

Y **N**

Action Plan

5. Do you have any family or friends that would like support from us?

Y **N**

Y **N**

Prompt: (Consider sign posting to local Carers service if appropriate and with consent into social prescribing service)

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