



Seniors Come  
Share Society

# Peers Reaching Out (PRO) Program Referral Form

*Empower – Educate – Engage*

**Referral's Legal Name** \_\_\_\_\_ **Referral Date** \_\_\_\_\_ (YYYY-MM-DD)

Street Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Living alone?  Yes  No Birth Date \_\_\_\_\_ (YYYY-MM-DD) Gender  Male  Female

Home Number \_\_\_\_\_ Additional Number (if applicable) \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Email \_\_\_\_\_

**Reason for referral? What are present challenges and in which areas could the referral benefit from support?**

\_\_\_\_\_  
\_\_\_\_\_

Current Health Status  Excellent  Very Good  Good  Fair  Poor  
Physical Considerations  Uses a cane  Uses a walker  Uses a wheelchair  Deaf/hard of hearing  
 Blind/Visually impaired  Other \_\_\_\_\_

Will be or was discharged from the hospital in the past 48 hours?  Yes  No

How many ER visits made in the past 2 months?  0  1  2-3  4-5  6+  Do Not Know

How many doctor/walk-in trips made in the past 2 months?  0  1  2-3  4-5  6+  Do Not Know

Recent medical history, including chronic illnesses and diagnoses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is the referral currently receiving any publicly funded supports?  Yes  No  Do Not Know

Is the referral currently attending any community programs?  Yes  No  Do Not Know

Is the referral willing to participate in the PRO Program and meet with a Peer Support Volunteer?  Yes  No  Do Not Know

**Referrer's Name and Title** \_\_\_\_\_

Agency \_\_\_\_\_ Address \_\_\_\_\_

Work Number \_\_\_\_\_ Email \_\_\_\_\_

