

BLACK-FOCUSED SOCIAL PRESCRIBING INTAKE AND ASSESSMENT FORM

Referred by:

Reason for referral:

As reported by patient: _____ (free text)

Self-Assessment of “Sense of Wellbeing”:

Wheel of life Scaling questions. (Add a Scale of 1 to 10 as a drop down. 1 being the worse – 10 being the best)

Instructions:

1. List out the main areas of your life in this moment **(please review list of ideas below)**
 - a. (ie: school, work/employment, housing, mental health, finances, health, social life, schooling/education, spirituality/religion, family, friends, romance/love/intimate relationship(s), dedication to a social group, etc) Other
2. Now grade these areas from 1 to 10, with 10 being “this is the best time of my life in this area and 1 being this is the worst time of my life in this area”
3. Now, if you have multiple of the same numbers ie: three number 5's - then re-list / rank all the number 5's by indicating which ones are the worst to the least bad
4. Now write down your top 3 lowest numbers
5. These are indicators of the non-clinical wellness / health issues that are affecting or contributing to your clinical health issues - or onset of health issues

LOWEST NUMBERS:

- 1.
- 2.
- 3.

PROMPTS:

- ☐ Family / Friend Life _____ free text (note this entire section should have drop down scale from 1 to 10, BUT should also have free text box for extra comments)
- ☐ Fun/Recreation/Leisure (social) _____ free text
- ☐ School / Education _____ free text
- ☐ Work / Employment / Retirement _____ free text
- ☐ Self (self-development / Sense of Sense of Belonging / Healthy Boundaries) _____ free text
- ☐ Connection to Community _____ free text
- ☐ Social Life _____ free text
- ☐ Spiritual Health (Spirituality / Religion) _____ free text
- ☐ Self-Image _____ free text

- ☐ Home Life Balance _____ free text
- ☐ Income / Financial security _____ free text
- ☐ Creativity _____ free text
- ☐ Mental Health _____ free text
- ☐ Physical Health _____ free text
- ☐ Food Access or Security _____ free text
- ☐ Child Care / Minding _____ free text
- ☐ Housing Security _____ free text
- ☐ Other _____ free text

Social History:

- What are some of the activities or communities that you are a part of? (drop down)
- Are you still able to continue with these activities or be a part of those communities? If not, why so?
 - **If no, why?**
- Have you ever experienced culturally affirming services (African, Caribbean Black centered services) before? Y N
 - **If so, was it a positive or negative experience?**
 - **If not, do you feel that this is important for your non-clinical or social needs?**
 -
- What are some cultural PHYSICAL activities that you would like to or have participated in?
 - **EG: dancing, walking, zumba, working out etc....**
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- What are some cultural MENTAL / EMOTIONAL activities that you would like to or have participated in?
 - **EG: yoga, meditation,**
- What are some cultural SOCIAL activities that you would like to or have participated in?
 - **EG: Soca exercise, dominoes club etc...**
- What are some cultural SPIRITUAL / PERSONAL DEVELOPMENT / FULFILLING activities that you would like to or have participated in?
 - **EG: Walking in nature, Qi Gong meditation/ exercise etc...**



Self Assessment of “Sense of Belonging to Community”:

Do you feel connected to your community?

- Y / N Unsure – just me alone at this time, no community _____ (text box)

Are you aware of the available community supports?

- Y / N _____ (text box)

Do you feel confident in accessing these community supports?

- Y / N Unsure - just not aware of the type of services a/v _____ (text box)

Do you feel the available community supports are culturally relevant (that reflects your cultural, values or beliefs)?

- Y / N Unsure _____ (text box)

What barriers are you (if any) facing in accessing community supports and events:

Drop down:

- ☐ Inadequate transportation
- ☐ Food insecurity
- ☐ Inadequate finances
- ☐ Inadequate housing
- ☐ Language
- ☐ Inadequate access to digital devices (phone, tablet etc)
- ☐ Social Isolation
- ☐ Lack of connection to community
- ☐ Knowledge of resources in the community
- ☐ Marginalization (feeling the resources are not relevant to my identity)
- ☐ Other Health

How confident do you feel in solving some of the barriers / issues that you are facing today? (drop down)

- Very Confident
- Confident
- Somewhat Confident
- Not Confident at all

How important is it for you to have African Centered services to support you with Black Social Prescribing non-clinical or social needs?

- Very Important
- Important



- Somewhat Important
- Not Important at All

What are some cultural activities that you have been or would like to participate in to support some of the issues or barriers that you are facing today?

Free text _____ Cultural Psycho-Therapy, around cultural systems issues and barriers

How important is visible representation is for you?

- Very Important
- Important
- Somewhat Important
- Not Important at All

How familiar are you with African Principles?

- Very Familiar
- Familiar
- Somewhat Familiar
- Very unfamiliar

How important do you think having African Cultural principles embedded into the services that you receive?

- Very Important
- Important
- Somewhat Important
- Not Important at All

Self Assessment:

- Now looking at some potential issues that may be affecting your health and wellness - how confident are you in addressing these issues on your own?
 - From 1 to 10, 1 meaning feeling unconfident and 10 feeling very confident
 - # _____ **Lowest numbers of wheel of life**
- How familiar are you with TAIBU programs and local community programs?
 - Very Familiar
 - Familiar
 - Somewhat Familiar
 - Very unfamiliar
- How confident are you with attending TAIBU programs and local community programs?
 - Very Confident
 - Confident
 - Somewhat Confident
 - Not Confident at all

Service Plan

- ☐ Internal Referral - Social activities (e.g. Coffee, dominoes, reading club, cultural organizations)
- ☐ Internal Referral - Learning activities (e.g. Skills, training -self help activities online)
- ☐ Internal Referral - Physical activities (e.g. Dance, walking groups etc.)
- ☐ Internal Referral – Mental health/emotional wellness activities (e.g. Wellness workshops, peer support)
- ☐ Internal Referral - Creative activities (writing, cooking, crafting groups)
- ☐ Internal Referral - Spiritual wellness activities (videos and books)
- ☐ Internal Referral – administration (eg. Request for forms completion)
- ☐ External Referral - Social activities (e.g. coffee and chat, dominoes, reading club)
- ☐ External Referral – Learning Activities (e.g. skills, training)
- ☐ External Referral - Physical activities (e.g. dance, walking groups)
- ☐ External Referral – Mental health/emotional wellness activities (e.g. wellness workshops, peer support)
- ☐ External Referral - Creative activities (e.g. writing, cooking, crafting groups)
- ☐ External Referral – administration (eg. Request for forms completion)

Additional Comments: Text Box (services referred to / service plan

NEXT APPT: