

Reason for Referral:
As reported by patient:

Self-Assessment of “Sense of Wellbeing”:

Wheel of life Scaling questions. Note: this section is completed with the client using the Wheel of Life visual tool. (Add a Scale of 1 to 10 as a drop down. 1 being the worse – 10 being the best)

Instructions for completion: Provide client a copy of the Wheel of Life and ask client to complete the following steps:

1. List out the main areas of your life in this moment, for example: school, work/employment, housing, mental health, finances, health, social life, school/education/training, spirituality/religion, family, friends, romance/love/intimate relationship(s), social group, etc.) Other
2. Now grade these areas from 1 to 10, with 10 being “this is the best time of my life and 1 being this is the worst time of my life”
3. Now, if you have multiples of the same numbers, for example, three number 5’s, re-list and rank all the number 5’s by indicating which ones are the worst to the least bad out of the three number 5’s
4. Next write down your top 3 lowest numbers
5. These are indicators of non-clinical issues or social determinants of health that may affect health and well-being.

Family / Friendships	Social Life / Social Groups	Mental Health
Fun/Recreation/Leisure Activities	Self-Image	Physical Health
School / Education / Training <input type="checkbox"/>	Home Life Balance <input type="checkbox"/>	Food Security <input type="checkbox"/>
Work / Employment / Retirement <input type="checkbox"/>	Income / Financial Security <input type="checkbox"/>	Child Care / Minding <input type="checkbox"/>
Connection to Community <input type="checkbox"/>	Creativity <input type="checkbox"/>	Housing Security <input type="checkbox"/>
Self (self-development / Sense of Belonging / Healthy Boundaries) <input type="checkbox"/>		Other <input type="checkbox"/>
Spiritual Health / Spiritual Well-Being (Spirituality / Religion) <input type="checkbox"/>		

Now looking at some potential issues that may be affecting your health and wellness - how confident are you in addressing your # 1 or 2 lowest rated areas or concerns on your own?

1

2

3

Social History

What are some of the activities that you participate in or used to be a part of?

Are you still able to continue with these activities?

If "No", Why?

Do you belong to any community, religious, cultural or social groups?

Are you still able to continue to be a part of these groups or communities

If "No", Why?

Have you ever experienced culturally affirming/relatable services from an: African, Caribbean, Black centred point of view before?

If so, was it a positive or negative experience?

If not, do you feel that this is important for your non-clinical health or social needs?

What are some cultural PHYSICAL health activities that you would like to participate in or have participated in?

What are some cultural MENTAL/EMOTIONAL health activities that you would like to participate in or have participated in?

What are some cultural SOCIAL health activities that you would like to or have participated in?

What are some cultural SPIRITUAL WELL-BEING / SELF-FULFILLING health activities that you would like to participate in or have participated in?

Self Assessment of “Sense of Belonging to Community”:

Do you feel connected to your community?

Are you aware of the available community supports?

Do you feel confident in accessing these community supports?

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

How familiar are you with TAIBU CHC programs? ☐

How confident are you in attending TAIBU CHC programs? ☐

Assessment of social determinants of health

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

- | | |
|---|---|
| <input type="radio"/> Location of services | <input type="radio"/> Inadequate access to digital devices |
| <input type="radio"/> Inadequate transportation | <input type="radio"/> Inadequate access to healthcare |
| <input type="radio"/> Food insecurity | <input type="radio"/> Social isolation |
| <input type="radio"/> Inadequate finances | <input type="radio"/> Lack of connection to community |
| <input type="radio"/> Inadequate housing | <input type="radio"/> Knowledge of resources in the community |
| <input type="radio"/> Literacy | <input type="radio"/> Marginalization (feeling the resources are not relevant to my identity) |
| <input type="radio"/> Language | <input type="radio"/> Other |

How confident do you feel in solving some of the barriers / issues that you are facing today? ☐

How important is it for you to have African Centred Cultural services to support you with your non-clinical or social needs? ☐

How important is visible representation for you (someone who looks like you)? ☐

How familiar are you with African centred principles and values? ☐

How important do you think having African centred principles embedded into your clinical & social services that you receive? ☐

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

Service Plan

- ☐ Internal Referral – Social activities (e.g. coffee and chat, dominoes, reading club, cultural groups)
- ☐ Internal Referral – Learning activities (e.g. skills training, personal development activities etc.)
- ☐ Internal Referral – Physical activities (e.g. dance, walking groups etc.)
- ☐ Internal Referral – Mental health/emotional wellness activities (e.g. wellness workshops, peer support etc.)
- ☐ Internal Referral – Creative activities (writing, cooking, crafting groups etc.)
- ☐ Internal Referral – Spiritual wellness activities (prayer groups, meditation, faith-based etc.)
- ☐ Internal Referral - Administration (eg. forms completion)
- ☐ Internal Referral – Wraparound supports (food box, transportation etc.)
- ☐ External Referral – Social activities (e.g. coffee and chat, dominoes, reading club etc.)
- ☐ External Referral – Learning Activities (e.g. skills, training)
- ☐ External Referral – Physical activities (e.g. dance, walking groups etc.)
- ☐ External Referral – Mental health/emotional wellness activities (e.g. wellness workshops, peer support etc.)
- ☐ External Referral – Creative activities (writing, cooking, crafting groups etc.)
- ☐ External Referral – Spiritual wellness activities (prayer groups, meditation, faith-based etc.)
- ☐ External Referral - Administration (eg. forms completion)
- ☐ External Referral – Wraparound supports (food box, transportation etc.)

After looking at some of your presenting issues from the wheel of life that may be affecting your health & wellness, and our discussion(s) today about your social prescription and service plan – How confident are you in addressing your # 1 or 2 lowest numbers/concerns on your own? ☐

Additional Comments:

Next Appointment: