

SOCIAL DETERMINANTS OF HEALTH (SDOH) DISCHARGE REFERRAL LIST

This tool helps your healthcare team address any social challenges that might affect your health and connect you and your caregiver with essential community resources that promote your total well-being.

HEALTH LITERACY – The degree to which individuals have the capacity to obtain, process and understand basic health information and services necessary to make appropriate health decisions.

Primary Language: _____

Needs interpreter

Language Line: _____

Interpreter 1: _____

Phone: _____

Interpreter 2: _____

Phone: _____

SOCIAL ISOLATION – The lack of relationships with others and little to no social support or contact.

Senior Center 1: _____

Contact person: _____

Phone: _____

Senior Center 2: _____

Contact person: _____

Phone: _____

Adult Day Center: _____

Contact person: _____

Phone: _____

HOUSING INSTABILITY – Encompasses multiple conditions ranging from the inability to pay rent or mortgage, frequent changes in residence, including temporary stays with friends and relatives, living in crowded conditions, and lack of sheltered housing in which an individual does not have a personal residence.

Inability to pay rent/mortgage

Frequent changes in residence

Crowded conditions

Lack of sheltered housing

Shelter 1: Male Female Family

Contact person: _____

Phone: _____

Shelter 2: Male Female Family

Contact person: _____

Phone: _____

Shelter 3: Male Female Family

Contact person: _____

Phone: _____

UTILITY DIFFICULTIES – Inconsistent availability of electricity, water, oil and gas services. This is directly associated with housing instability and food insecurity.

Electricity Water

Oil and/or gas

Electric Company: _____

Contact person: _____

Phone: _____

Water Company: _____

Contact person: _____

Phone: _____

Gas/Oil Company: _____

Contact person: _____

Phone: _____

Faith-Based Organization:

Contact person: _____

Phone: _____

Other Organization: _____

Contact person: _____

Phone: _____

FOOD INSECURITIES – Limited or uncertain access to adequate quality and quantity of food at the household level.

Meals on Wheels Program:

Contact person: _____
Phone: _____

Local Area Agency on Aging:

Contact person: _____
Phone: _____

Food Bank/Food Pantry:

Contact person: _____
Phone: _____

Food Bank/Food Pantry:

Contact person: _____
Phone: _____

Food Bank/Food Pantry:

Contact person: _____
Phone: _____

Other Organization:

Contact person: _____
Phone: _____

TRANSPORTATION DIFFICULTIES – Limitations that impede transportation to destinations required for all aspects of daily living.

Medical Non-emergent

Medical Transport Company 1:

Contact person: _____
Phone: _____

Medical Transport Company 2:

Contact person: _____
Phone: _____

Medical Transport Company 3:

Contact person: _____
Phone: _____

Non-Emergency Transport Company 1:

Contact person: _____
Phone: _____

Non-Emergency Transport Company 2:

Contact person: _____
Phone: _____

Non-Emergency Transport Company 3:

Contact person: _____
Phone: _____

United Way (Local Chapter):

Contact person: _____
Phone: _____

Faith-Based Organization with Van:

Contact person: _____
Phone: _____

Faith-Based Organization with Van:

Contact person: _____
Phone: _____

Faith-Based Organization with Van:

Contact person: _____
Phone: _____

Other:

Contact person: _____
Phone: _____