

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.

HOUSING INSTABILITY – Encompasses **UTILITY DIFFICULTIES** – Inconsistent **HEALTH LITERACY** – The degree to which availability of electricity, water, oil and gas individuals have the capacity to obtain, process multiple conditions ranging from the inability and understand basic health information and to pay rent or mortgage, frequent changes services. This is directly associated with housing instability and food insecurity. services necessary to make appropriate health in residence, including temporary stays decisions. with friends and relatives, living in crowded ☐ Electricity ☐ Water conditions, and lack of sheltered housing in ☐ Oil and/or gas which an individual does not have a personal Primary Language: _____ residence. ☐ Needs interpreter Electric Company: _____ ☐ Inability to pay rent/mortgage Language Line: _____ Contact person: ☐ Frequent changes in residence Interpreter 1: ______ ☐ Crowded conditions Phone: _____ ☐ Lack of sheltered housing Interpreter 2: _____ Water Company: _____ Contact person: Phone: **Shelter 1**: Male Female Family **SOCIAL ISOLATION** - The lack of relationships with others and little to no social Gas/Oil Company: support or contact. Contact person: Contact person: _____ Phone: _____ Senior Center 1: Phone: _____ **Shelter 2:**

Male Female Family Contact person: _____ Faith-Based Organization: Phone: Contact person: _____ Senior Center 2:_____ Phone: Contact person: _____ Contact person: _____ **Shelter 3:** ☐ Male ☐ Female ☐ Family Phone: Phone: Adult Day Center: _____ Contact person: _____ Other Organization: Contact person: _____ Phone: _____ Contact person: Phone: _____ Phone:

FOOD INSECURITIES – Limited or uncertain access to adequate quality and	TRANSPORTATION DIFFICULTIES – Limitations that impede transportation to	Non-Emergency Transport Company 3:
quantity of food at the household level.	destinations required for all aspects of daily living.	Contact person:
Meals on Wheels Program:	☐ Medical ☐ Non-emergent	Phone:
Contact person:	Medical Transport Company 1:	United Way (Local Chapter):
Phone:	Contact person:	
Local Area Agency on Aging:	Phone:	Phone:
Contact person:	Medical Transport Company 2:	Faith-Based Organization with Van:
Phone:	Contact person:	Contact person:
Food Bank/Food Pantry:	Phone:	Phone:
Contact person:	Medical Transport Company 3:	Faith-Based Organization with Van:
Phone:	Contact person:	
Food Bank/Food Pantry:	Phone:	Phone:
Contact person:	Non-Emergency Transport Company 1:	Faith-Based Organization with Van:
Phone:	Contact person:	Contact person:
Food Bank/Food Pantry:	Phone:	Phone:
Contact person:	Non-Emergency Transport Company 2:	Other:
Phone:		Contact person:
	Contact person:	_ Phone:
Other Organization:	Phone:	_



Contact person: _____

Phone: _____

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