

# 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: \_\_\_\_\_

