

Community Resource Link: Helping People Connect to Social and Financial Resources

Patient Survey

If you need help answering this survey, please talk to your health care team.

Your health care team is participating in a project to help identify people who may need help with social health factors like finances, housing, and social services; and get them connected to community supports through 211 or a PCN Social Worker who is connected to your doctor.

You consent to participate by completing the survey. It is your choice to participate, and it will not impact the care you receive. All questions are optional, and you can skip questions. The survey asks questions about your finances, housing, social services, and food access.

Your response is confidential. The survey results will be reviewed by your health care team. A referral may be made with your consent to 211 or a Social Worker. The outcome of the project will help to improve the process and quality of services provided to patients in the future. If you have questions, please talk to your health care team or send an email to privacy@cfpcn.ca.

Patient Info:

Date:	
Name:	
Phone #:	

Clinic Stamp:

Screening Questions:

Please consider **the past 3-6 months** when answering the following questions:

1. Do you ever have difficulty making ends meet at the end of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If you were prescribed medications, would you have any trouble buying your medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you feel unsafe where you live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you feel unsupported by family or friends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have difficulty accessing food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to any of the questions above, please continue to Question 6 through 10.

If you answered "No" to all of the questions above, please skip to Question 10.

6. Are you currently working with a Social Worker connected to your doctor, and would you like to discuss the concerns you mentioned on this survey with them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. If you're not connected with a Social Worker, would you like to be contacted by 211 to discuss resources that may be helpful to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. If a referral is made, is it OK for the health care provider to leave a voicemail if they're unable to reach you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. If applicable, please note your preferred time to be contacted by 211.		
10. Please share any additional information you would like your health care team or 211 to know about your social health factors.		

THANK YOU for taking the time to answer these questions. As your health care team, understanding you and your life can help us work with you to improve your health care and well-being. You are welcome to discuss any of your responses with your health care team. If you have any urgent concerns the Distress Centre is available for crisis support 24 hours via 403-266-HELP (4357).