



## PROJECT HOPE REFERRAL & SCREENING FORM

### Providing Brief Counseling and Social Visits to Older Adults

<b>Last Name:</b>	<b>First Name:</b>	<b>Date:</b>
<b>Gender:</b>	<b>Date of Birth:</b>	
<b>Phone:</b>		<b>Mobile:</b>
<b>Address/City/Zip</b>		
<b>Emergency Contact/Relationship:</b>		<b>Phone:</b>
<b>Referred by/Title</b>	<b>Program/Agency:</b>	
	<b>Phone:</b>	
	<b>Email:</b>	

**Primary Language** (if other than English): \_\_\_\_\_

**Does your client** (Y=Yes N=No ?= unknown)

**Live Alone?** If no, list household members \_\_\_\_\_

Report **frequently feeling down or sad** ("being depressed")?

Report a **loss of interest or pleasure in doing things** (less active)?

Have a **history of treatment for depression** or other mental health diagnosis?

If yes please explain: \_\_\_\_\_

**Do you feel the client would be open to counseling?** YES / NO / Unsure

**Is the client/senior aware of the referral to our program(s)?** YES/ NO

**PRIMARY CONCERN/ISSUE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We also have socialization programs (check if interested):

**Friendly Visitor Program** (priority are those that live alone & are isolated)

**Senior Center Without Walls** (toll-free phone based activities)

**FAX to Aging & Veterans Services (209) 558-8104    558-8698 (Phone)**