NorthWest Senior & Disability Services

Senior Peer Mentoring Referral Form

E-mail: information.nwsds@nwsds.org Fax: (503) 304-3421

CONSUMER INFO

Referral Date:		Consumer Consent (Yes/No):	Prime #:
Last Name:		First Name:	MI:
Marital Status: ☐ Divorced ☐ Separated ☐ Married ☒ Never Married ☐ Widowed			Sex: ☐ Male ☒ Female
DOB:		Lang Spoken:	
Residence Address Including City and Zip Code:		Phone Number:	
Number of People in Household:	Veteran (Yes/No):	Primary Race:	Ethnicity:
Monthly Household Income:	Resources:		

CONSUMER NOTES

Primary Diagnosis:	Current Medications:
Psycho/Social Challenge(s):	
Living Situation:	
☐ Recent Loss? ☐ Substance use? ☒ Depression? ☒ Anxiety?	
Notes/Narrative:	

REFERRAL MADE BY

Person Making the Referral:	Phone:
Email:	
Additional Information (best time to reach, etc.):	

To make a referral by phone, please call the NorthWest Aging and Disability Resource Connection (ADRC) at 503-304-3420 or 1-866-206-4799.

November 2015

Assignment Date _____ Screener Assigned _____

Phone Contact – Date and Narrative

Overall Level of Distress (Likert scale)

No distress	Mild distress	Moderate distress	High distress	Extreme distress

Home Visit Information

Home Visit Date _____

Directions _____

Home Visit Summary

Referrals/Resources Given _____

Referrals/Resources Needed _____

Natural Supports _____

PHQ9 Score _____ GAD7 Score _____ Mentor Assigned _____

Date Assigned to Mentor _____ Number Assigned _____