

OPODS REFERRAL FORM

OLDER ADULT PEER OUTREACH FOR DEPRESSION & SUBSTANCE USE

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| Individual's name: | _____ |
| Date of birth: | _____ |
| Address/location: | _____ |
| Phone number: | _____ |

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|---|-------|
| Referral source name & contact info: | _____ |
| Who should we contact to coordinate services? | _____ |

CONCERNS (please check all that apply)

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| Depression <ul style="list-style-type: none">• Reports depressed mood• Loss of interest in pleasurable activities• Fatigue or loss of energy• Feelings of worthlessness or guilt<input type="checkbox"/> Other _____ |
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| Substance Use <ul style="list-style-type: none">• Use in large amounts or for a long time• A lot of time spent using or recovering• Craving or strong desire to use• Social/interpersonal issues due to use<input type="checkbox"/> Other _____ |
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| Loneliness <ul style="list-style-type: none">• Reports feeling lonely• Feels isolated from others• Lack of companionship<input type="checkbox"/> Other _____ |
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| Age-Related Concerns <ul style="list-style-type: none">• Concerns about aging• Difficulty with life transitions• Grief and/or loss<input type="checkbox"/> Other _____ |
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| Additional information: |
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PLEASE SEND REFERRAL TO OPODS@yamhillcounty.gov