



## Campbell River Senior Peer Support Referral & Intake Information

Date:	
Client's Name:	
Address:	
Phone:	
DOB:	
Marital Status:	
Referral:	
Emergency Information (and relationship to client):	
Language Spoke:	

General issues (Please indicate any that apply):

Depression:	_____	Marital Problems:	_____
Social Isolation:	_____	Lack of Self-confidence:	_____
Grieving:	_____	Anxiety Disorder:	_____
Caregiver stress:	_____	Conflict:	_____
Memory Loss:	_____	Loneliness:	_____
Substance misuse:	_____	Intergenerational conflict:	_____
Abuse:	_____ (identify what type)_____		

**Notes &/or Objectives:**

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Senior Peer Support Volunteer Assigned: _____ Date: _____
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Enterprise Centre, 900 Alder Street  
 Campbell River, BC, V9W 2P6  
 Phone: (250) 287-8111  
 Email: [execdirect@volunteercr.ca](mailto:execdirect@volunteercr.ca)  
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CR Senior Peer Support Intake Information

**Information to Learn from the potential client:**

**Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Would you welcome, or feel you would benefit from our support and encouragement?

\_\_\_\_\_

2. What helps you cope with challenges? \_\_\_\_\_

\_\_\_\_\_

3. Do you have family or friends that you can turn to for company or help?

\_\_\_\_\_

\_\_\_\_\_

- How often are they available to you?

\_\_\_\_\_

\_\_\_\_\_

- Are there things you would like to discuss that you are uncomfortable talking to friends and/or family with?

\_\_\_\_\_

\_\_\_\_\_

4. What did you do before you retired?

\_\_\_\_\_

5. What do you do for fun?

\_\_\_\_\_

6. Where are you from?

\_\_\_\_\_

7. What brought you here/Campbell River/residential care/etc.?

\_\_\_\_\_

\_\_\_\_\_

8. How can we help you? Are you willing to accept the support from this program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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