

OPODS REFERRAL FORM

OLDER ADULT PEER OUTREACH FOR DEPRESSION & SUBSTANCE USE

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

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

CONCERNS (please check all that apply)

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 _____

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:

PLEASE SEND REFERRAL TO OPODS@yamhillcounty.gov