



Social Prescribing - Sociodemographics

What language do you feel comfortable speaking with your healthcare provider? (choose one)

What is your gender?

What is your sexual orientation?

Which of the following best describes your racial or ethnic group?

Do you have any of the following? Chronic Illness Developmental Disability Drug or Alcohol Dependence Mental Illness Learning Disability
 Sensory Disability Physical Disability None Do Not Know Prefer not to answer Other

Were you born in Canada?

If NO, when did you arrive in Canada?

If NO, what country were you born?

What is the highest education level completed?

What is your total household income before taxes last year?

How many people does this income support?(including dependent parents, children, support payments)

Prefer not to answer
 Do Not Know

What is your current Household Composition?

***Please ensure data is added to the Sociodemographic Band in Patient Chart, and this form is locked after completing*