



- a. Is staff making referrals based on knowledge of a particular or a formal relationship with organization or are they accessing what organizations come up in the search without an established relationship?
  - b. How are organization referrals communicated to the patient when using One Degree? Ex: print outs, emails, handwritten from a One Degree search, or other
  - c. Is there follow-up with the organization and/or patient after referral is made? If so, what kind of follow up?
2. **If not using One Degree for Social Referrals/Referrals for patients with trauma history, what are referring staff using to make such referrals?** For example: handouts, calls directly to agencies, google/internet searches, knowledge of particular agencies with direction/info provided to patient, other platforms, etc.
- a. Has staff tried to use or explore One Degree? If so, why did they not continue using One Degree?

**COMMUNITY/ PATIENT NEEDS**

**3. What specific services do you refer frequently from your clinic?**

Please review and add at your discretion:

- 1.

**4. Are there specific services/needs that come up for referral frequently in your clinic?**

Please list services:

- 1.

**5. Is (Are) there an organization(s) you work closely with in meeting identified patient needs or organizations that come up frequently when running a referral search?**

Organization Name	Organization Contact Info	Contact person, email, and phone number- if applicable	How do you refer patients? ex: One Degree, handout etc.	Services Provided ex: food, housing, financial, mental health, etc.	Which of the organizations do you need follow up or feedback from? Check those that apply.


**UNMET NEEDS/ GAPS IN SERVICE**

**6. Are there a lack of referral organizations for any particular service/need when you run a search?**

Please list services:

1.