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| Social risk Screening and referral- Making kick-off Meeting  |
|  |
| Location: | Address or Room Number or Webinar Link |  |
| Date: | Date |  |
| Time: | Time |  |
| Facilitator: | Name(s) |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **[Welcome]** | [Lead] |
|  | 10 min | [**Review step 4 slide deck]** | [Lead] |
|  | 20 min | **[Why is social risk screening important for our patients?]** | [Lead] |
|  | 15 min | **[Clinic goals for social risk screening]** | [Lead] |
|  | 15 min | **[Brainstorm workflows]** | [Lead] |

## Additional information

Add additional instructions or comments here.