

# Switched On Seniors



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## Switched on Seniors

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Thursdays 10:00-11:30, St. Andrew's  
Presbyterian Church, 143 Main St N  
Markham

It's always on Thursday.  
It's always senior driven.  
It's always FREE.  
All seniors are always welcome



Greetings from Switched on Seniors.

We hope everyone is well and finally enjoying a foretaste of summer.

Just a reminder that Switched on Seniors will take a summer break and there will be no meetings during July & August. We will be back with a great Fall program starting September 14th.

The program is already taking shape, in part due to your suggestions and introductions regarding presentations and topics that interest you. We welcome your feedback and input, if you would like to share any thoughts, comments, or commendations please channel them to our email at [switchedonseniormarkham@gmail.com](mailto:switchedonseniormarkham@gmail.com). We check our email a few times a week, so if you need non-urgent tech advice, feel free to email us there too!

Thanks to everyone that has already signed up for 'volunteer' hours starting in the Fall. The signup sheet is still open and so we look forward to your input as you feel able. Working together we can enhance an already very successful program.

One area that was not on the volunteer sheet (I forgot!) was The Newsletter. Do you have a yen for creating puzzles or games? Have a story you'd like to share? Email us for more details on how you can help.

Thanks also for spreading the word-every week we're welcoming one or two new members-all because you are spreading the word-many thanks for that-please keep up the good work!

Have a great Summer.

# Recipe of the Month - Tomato Bisque

Not only is it economical and delicious, but it is nourishing and a healthy choice as a first course at dinner, for lunch or for a mid afternoon snack. Leftovers reheat perfectly as if made fresh!

Prep Time: 15 minutes / Cook Time: 45 minutes / Makes: 4 generous servings

## Ingredients:

- 3 Cloves Garlic – chopped
- ¼ Cup Olive Oil
- 1 Medium Cooking Onion - chopped
- 1 Large Carrot - chopped
- 2 Stalks Celery - chopped
- 1/3 Cup Flour – Gluten Free or Regular
- 28 oz. Can Diced Tomatoes
- 2 teaspoons Coconut Sugar
- 1 teaspoon Dried Basil
- 1 teaspoon Dried Marjoram
- ½ teaspoon Dried Thyme
- ¼ teaspoon Chili Powder
- 1 Herb Bomba - optional
- 4 Cups Veggie Bouillon
- 1 Cup Oat Milk coconut milk or cream/dairy whole milk or cream
- ½ teaspoon Curry Powder
- 1/8 teaspoon Ground Turmeric
- Pinch of Herbed Seasoned Sea Salt or regular sea salt
- A Few Grinds of Fresh Black Pepper

## Directions:

1. Peel and chop the garlic.
2. Heat the oil over medium-low heat and when hot, add the onion, carrot, celery and garlic. Sauté until veggies are soft, about 5-10 minutes.
3. Sprinkle the flour over the vegetables and give it a stir to mix it in.
4. Add in the tomatoes, the coconut sugar, basil, marjoram, thyme, chili powder, the herb bomba (if you have one) and the veggie bouillon. Give it a good stir.
5. Bring the mixture to a gentle boil, reduce heat to a simmer and cover. Let it simmer for 40 -45 minutes, stirring from time to time.
6. Puree the soup until it is very smooth, either with an immersion blender or in batches in a blender.
7. Stir in the oat milk, the curry and turmeric, and incorporate into the soup.
8. Season with the pinch of herbed seasoned sea salt, or plain sea salt, and a few grinds of fresh black pepper. Stir to mix these into the soup.
9. Garnish with fresh basil leaves, if you have them, or with a sprinkle of dried basil.
10. Serve with a slice of bread or crackers or on its own.



## Upcoming Meetings

June 8 - Cooking with Renata Richardson, followed by our soup & sandwich lunch

June 15- MP for Markham Stouffville Paul Calandra

June 22 - Gentle Stretch & Strengthen class with Christina DeFranco

# Coping & Caring

Just as I sent off last month's "Coping & Caring" message for our newsletter a message flashed to my laptop which declared that the U.S. Surgeon General, Dr Vivek Murthy, had just released a statement declaring that these last two years and more is causing an epidemic of loneliness!

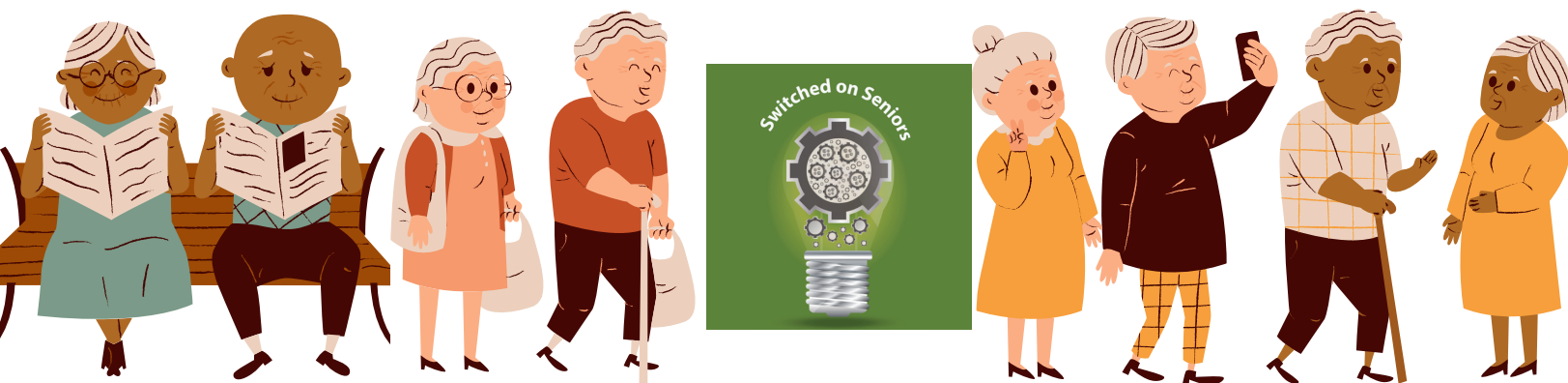
The mighty U.S. was declaring what we knew that from the beginning of the Covid 19 era! And more – our "Switched on Seniors" has been our attempt to provide an antidote to address this social condition which affects our appreciation of life and of each other.

Dr Murthy wrote, "Our epidemic of loneliness and isolation has been an underappreciated public health crisis that has harmed individual and societal health. Our relationships are a source of healing and well-being hiding in plain sight – one that can help us live healthier, more fulfilled, and more productive lives," he continued "Given the significant health consequences of loneliness and isolation, we must prioritize building social connection the same way we have prioritized other critical public health issues such as tobacco, obesity, and substance use disorders. Together, we can build a country that's healthier, more resilient, less lonely, and more connected."

Our canvas is very much smaller than Dr Murthy's. We are focused on neighbours, friends and family – on the caring community we want to recover and experience.

Perhaps you might want to consider this version of the Ten Commandments of life in relationship as a model to live our experience of community.

1. Allow and accept differences of opinion.
2. Tolerate and forgive those who disagree with you and hurt you.
3. Express an interest with with what those around you are doing.
4. Resist condemning those who don't share your point of view.
5. Show the kindness and acceptance which you hope to receive from others.
6. Lend your voice to, and support causes you believe in.
7. Accept that everyone has the right to live in your community.
8. Pay it forward – do an act of kindness, expecting nothing in return.
9. Taste your words; they have power when they come out and cannot be brought back.
10. Be the kind of person you want others to be.





## Summer Trivia!

Do you know these fun Summer facts?

1. What does SPF stand for?
2. What three Zodiac signs occur during the Summer?
3. How old is the oldest mosquito fossil?
4. What percentage of watermelons are water?
5. What country has the most coastline in the world?
6. When you're standing on the beach looking at the horizon, approximately how far can you see?
7. How many beaches are there in Australia?
8. How tall is the Guinness world record-holding tallest sand castle?
9. On what one of two dates does the Summer Solstice occur?
10. In what year were the first modern Summer Olympic games held?

1. Sun Protection Factor 10.1896
2. Cancer, Leo, and Virgo 9. June 20 or 21
3. 79 million years old 8.45ft 10.25 in
4. 92%
5. Canada 7. Over 10,000
6. Three miles 6. Three miles
7. Over 10,000
8. 45ft 10.25 in
9. June 20 or 21
10. 1896

## Word Jumble

Can you unscramble these summer words?

f b r e t u t y l

q o o t i s u m

u s n l t g i h

p s i e p c l o

e r u b a e c b

l m r l a u e b

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# Switched on Seniors in Action



Enjoying good food & fellowship at our Soup & Sandwich lunch



Learning all about what Markham Public Library has to offer



Getting in shape for the summer with our monthly Yoga Class

# Geriatric Referral Form

The referral form Janice Stober mentioned in her presentation on June 1st, is below. The # for the Seniors Health Clinic at Markham Stouffville is 905-472-7000, ext 7601

AMBULATORY GERIATRIC SERVICES COMMON REFERRAL FORM			
Name of Client: _____		<input type="checkbox"/> M <input checked="" type="checkbox"/> F	
Address: _____ <small>Surname</small>		_____ <small>First Name</small>	_____ <small>ON</small>
_____ <small>Street Name and Number</small>		_____ <small>Apt.</small>	_____ <small>City</small> _____ <small>Prov</small> _____ <small>Postal Code</small>
Tel #: _____	Lives Alone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Marital Status: _____	
Health Card #: _____ / _____ / _____	_____ <small>Version Code</small>	DOB: _____ <small>dd/mm/yy</small>	
Alternate Contact: _____	Relationship: _____	Tel #: _____	
Contact Person for Booking Appointment: _____		Translator required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>Language</small>	
Is client/substitute decision maker aware of referral? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is patient homebound? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Home & Community Care involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure		If yes, Case Manager name: _____ Tel #: _____	
<b>REASON(S) FOR REFERRAL</b> <small>Indicate recent acute decline</small> <small>(Check all that apply)</small>		<b>MEDICAL INFORMATION</b> <b>Main Concern(s) to be addressed:</b>	
<input type="checkbox"/> Medical / Physical → <input type="checkbox"/> <input type="checkbox"/> Mobility <input type="checkbox"/> Falls <input type="checkbox"/> Incontinence <input type="checkbox"/> Pain management <input type="checkbox"/> Medication / polypharmacy <input type="checkbox"/> Sleep <input type="checkbox"/> Weight loss / nutrition		_____ _____ _____	
<input type="checkbox"/> Cognitive / Behavioural → <input type="checkbox"/> <input type="checkbox"/> Delirium <input type="checkbox"/> Verbal / physical aggression <input type="checkbox"/> Cognition / dementia <input type="checkbox"/> Delusions / hallucinations <input type="checkbox"/> Depression <input type="checkbox"/> Wandering			
<input type="checkbox"/> Psychosocial → <input type="checkbox"/> <input type="checkbox"/> Caregiver / family issues <input type="checkbox"/> Elder abuse <input type="checkbox"/> Social isolation		<b>Medical History</b> <input type="checkbox"/> All relevant documentation/notes to be attached	
<input type="checkbox"/> Functional → <input type="checkbox"/> <input type="checkbox"/> ADL/IADL decline <input type="checkbox"/> Home safety		<b>Medication History</b> <input type="checkbox"/> Medication list incl vits, OTCs, recent trials attached	
<input type="checkbox"/> Other (please specify): _____		_____ _____	
Urgency of Referral	<input type="checkbox"/> Routine Assessment		
	<input type="checkbox"/> Crisis Intervention <small>(select risk factors):</small>		
	<input type="checkbox"/> Recurrent ED visits <input type="checkbox"/> Caregiver burnout	<input type="checkbox"/> Atypical cognitive changes (cause unclear) <input type="checkbox"/> Recent acute decline as indicated in reason for referral	
Name of Family MD: _____	Tel # _____	Fax # _____	
Referring Source: _____	Tel # _____	_____	
Name of Referring Physician _____	Tel # _____	Fax # _____	
Signature of Referral Physician <small>(if applicable)</small> _____	Billing # _____	Date: _____	
Services Requested: _____	_____		
Hospital Requested: _____	_____		