

# Accredited Visiting Service - Client Referral Form

**The Visiting Service helps to reduce social isolation and loneliness by providing friendship and companionship through a weekly visit by a trained volunteer.**

In order to make the best possible match between the client and volunteer please fill in this form with all relevant information.

**Referral Date: Referred by:**

**Designation: Organisation:**

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Client Details

**Name**: (Mr/Mrs/Miss/Ms)

**Address:**

**Telephone: Date of Birth:**

**Ethnicity: IWI** (Maori): **Island Group** (Pacific Island):

(*Ethnicity information will be used to assist matching with visitors. You do not have to complete this section if the client would prefer not to.)*

**Emergency Contact: Relationship:**

**Contact details:**

**Significant Others:**

**Reason for Referral:**

**Has the client been asked if he/she would like a visitor?** Yes No

**Health:**

**Does the client smoke?** Yes No **Does the client have pets?** Yes No

**Other services involved** (*eg District Nurse, Meals-on-Wheels, Home Help*):

**Clients’ interests:**

**Any Other Comments:**

*For Office Use Only:*