Serving the needs of older people

Accredited Visiting Service - Client Referral Form

Online Referral Form: www.ageconcerncan.org.nz

The Visiting Service is for people over 65 who are experiencing loneliness, who live in their own home, who no longer drive and who are able to contribute to a mutually beneficial relationship.

To ensure the best possible match between the client and volunteer please complete all sections.

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.)*

GP Name: _____ **Telephone:** _____

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 Status: _____

_____

Please identify any Risks or Hazards: _____

_____

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

_____

Clients' interests: _____

_____

Any Other Comments: _____

_____