



**Social Outings Service - Client Referral Form**

Social Outings are for people over 65, living in their own homes, who are independently mobile, able to contribute to mutually beneficial social connections and would enjoy more company.

Service Required: **Host Outings**  or **Café Outings**

*Host outings are fortnightly for morning or afternoon tea, to a volunteer host's home, a library or community group. Transport is provided.*

*Café outings are fortnightly outings for morning or afternoon tea, to local cafes. The client can drive and meet the group or transport is available.*

Referral Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Designation: \_\_\_\_\_ Organisation: \_\_\_\_\_

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

**Client Details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Has the person been asked if they would like to attend the outings? Yes  No

Mobility/Health: \_\_\_\_\_  
*(The client must be able to walk short distances and get on and off a minibus independently)*

Clients' Interests: \_\_\_\_\_

Other Social Groups/activities the person attends: \_\_\_\_\_

Other Comments: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:** Social Outings Service, Age Concern Canterbury, 24 Main North Road, Christchurch 8053. Or you can fax the form to 03 365-0639. This form is available on-line on the Age Concern Canterbury website [www.ageconcerncan.org.nz](http://www.ageconcerncan.org.nz).

**For Office Use Only:**  
1. Person accepted for service and included on database  Date: \_\_\_\_\_  
2. Formal acceptance by letter/phone/email to: \_\_\_\_\_