



Visiting Service - Client Referral Form
Online Referral Form: www.ageconcerncan.org.nz

The Visiting Service is for people over 65, who are experiencing loneliness and isolation, 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: _____

Family or Significant Others: _____

Reason for Referral: _____

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

Health Status: _____

Please identify any Risks or Hazards: _____

Other services involved (e.g. District Nurse, Meals-on-Wheels, Home Help):

Clients' interests: _____

Any Other Comments: _____

Do you still drive? _____

Do you know your neighbours/have many visitors? _____

Family / friends who live locally? _____

Do you belong to any groups or organisations? _____

Do you smoke? Yes / No Pets? Yes / No _____

Do you use technology (skype/facetime) to keep in touch with family or friends? _____

Male or female visitor? _____ Age range of visitor? _____

What days would suit you best? Mon Tue Wed Thurs Fri Sat Sun

Weekends / Evenings?

Notes:

Please tick the appropriate boxes below, and sign:

I agree to future contact from Age Concern Canterbury,
And for Age Concern to keep my information on file. Yes No

I agree to participate in Age Concern Canterbury surveys. Yes No

I have been informed of my rights as a Health and Disability
Service consumer. Yes No

I have been informed of the free smoke alarm check. Yes No

I agree to have an Age Concern Canterbury visitor. Yes No

I have been vaccinated for Covid-19. Yes No

Signed _____

Date _____