

Age Concern Visiting Service Client Referral Form

Before making a referral, please check the following:

- Is the person in question over or close to 65?
- Is the person at risk of social isolation due to having no or very few visitors?
- Is the person able to contribute to a mutually beneficial relationship?
(i.e. are they emotionally and cognitively prepared to have a visitor?)
- Has the service been explained to the person, and **have they given their permission to be referred to Age Concern?**

If you are unsure about any of the criteria above, please call 06 759 9196 to discuss.

Referrer Details

Date: _____

Name: _____

Relationship to client: _____

Organisation (if relevant): _____

Phone: _____

Email: _____

Client Details

Name & title: _____

Date of Birth: _____

Preferred name (if different): _____

Gender: _____

Address: _____

Home phone: _____

Mobile: _____

Email: _____

GP name: _____

NHI (optional): _____

Ethnicity: _____

Iwi (Māori): _____

Emergency contact: _____

Phone number: _____

Relationship to client: _____

Client Situation

Reason for referral: _____

Health / mobility status: _____

Other services involved (e.g. District Nurse, Meals on Wheels, home help): _____

Living alone? _____

Still driving? _____

Any friends or family living locally? _____

Known to neighbours or have many visitors? _____

Belong to any groups or organisations? _____

Any further comments: _____

Please note:

If accepted, the next step of the referral process will be an in-home assessment with the Visiting Service coordinator, before matching with a suitable volunteer visitor. The coordinator will be in touch with the client within two weeks of the referral received to arrange an appointment.

Wait time for receiving the Visiting Service will depend upon suitable visitor availability.

Clients who cannot be matched immediately will be given the option of being on a waiting list, and will be contacted at least every three months. All efforts will be made to ensure wait times are as short as possible, however, Age Concern Taranaki cannot specify how long the wait time may be as individual cases will vary.

Please return referral form to:

**Attn: Visiting Service
Age Concern Taranaki, 33 Liardet Street, PO Box 15, New Plymouth**

Or email to Visiting Service Co-ordinator: info@ageconcerntaranaki.org.nz