

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