



# 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: \_\_\_\_\_

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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 coordinator: [antonia@ageconcerntaranaki.org.nz](mailto:antonia@ageconcerntaranaki.org.nz)