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Fax 03 379 6235
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Rangiora 7400
Fax 03 313 7424
Ph 03 313 8588

12A Muller Rd
Blenheim 7201
Fax 03 577 9006
Ph 03 577 9005

PO Box 2411 Stoke
Nelson 7041
Fax 03 547 6035
Ph 03 547 9350

PO Box 536
Greymouth 7840
Ph 03 768 7158

Client details		
First name/s: Last name:	Preferred Name:	NHI D.O.B <input type="checkbox"/> Female <input type="checkbox"/> Male
Postal Address: Town/City	Post Code:	Phone: Mobile: Email:
Ethnicity: <input type="checkbox"/> NZ Maori <input type="checkbox"/> NZ European <input type="checkbox"/> Pacific Island <input type="checkbox"/> Asian <input type="checkbox"/> Other		
Living Situation: Alone <input type="checkbox"/> Couple <input type="checkbox"/> With Family/Carer <input type="checkbox"/> Complex <input type="checkbox"/> Other:		
Support Person : Address Relationship:		Phone: Mobile: Email:
Consent: Client/Support person is aware of referral <input type="checkbox"/> Agrees to referral <input type="checkbox"/>		First Contact <input type="checkbox"/> Client <input type="checkbox"/> Support Person
G.P. Name: Practice / Address:		Phone: Fax: Email:
Referral information required by all services		Regional Single Point of Entry details above
Referred by: Referral Date:	Phone: Fax: Email:	Assessment information provided: <input type="checkbox"/> Full InterRai <input type="checkbox"/> TARGET goals <input type="checkbox"/> SNL Other:
Enliven Services: (Please tick required service/s and highlight location)		
<input type="checkbox"/> Social Work : Christchurch - Ashburton - Rangiora - Hurunui <input type="checkbox"/> Counselling : Ashburton <input type="checkbox"/> Falls Prevention : Rangiora - Kaiapoi - Amberley <input type="checkbox"/> Earthquake Support Coordination :Hurunui <input type="checkbox"/> Kaiāwhina : Christchurch – North Canterbury	Day Programmes: Funding referral sent to DHB? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Harakeke Riccarton - Linwood - Nelson <input type="checkbox"/> Totara Riccarton - Rangiora - Nelson - Marlborough <input type="checkbox"/> HomeShare Ashburton - Selwyn - ChCh - Hurunui - Rangiora - Marlborough - West Coast <input type="checkbox"/> Community Respite Care West Coast	
Reason for Referral: (Social, Support Needs, Goals etc) <input type="checkbox"/> Urgent <input type="checkbox"/> Routine		
Specific needs/general comment		
Current Services and Provider details:	Subsidies Approved: <input type="checkbox"/> Day care <input type="checkbox"/> Carer Support	
Social Worker / Key Worker:	Day Care : No. of days .wk Review due:	
Home Care Provider	Carer Support: No. of days allocated	
Other:	Community Service Card: <input type="checkbox"/> Yes <input type="checkbox"/> No Mobility Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disability Allowance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires Application Form		

Service Specific Information please complete relevant to required service needs

Risk Factors: Falls Allergies Mood/emotional status Nutrition Environment Other
 Details:

Cognition / Dementia:
Dementia Diagnosed Yes No Dementia Type (if known)
Memory Loss: Mild Moderate Severe
Level of functioning:

Behavioural concerns:

Sensory and mobility (√) Comments:

Sight	<input type="checkbox"/> Good	<input type="checkbox"/> Impaired	<input type="checkbox"/> Spectacles	
Hearing	<input type="checkbox"/> Good	<input type="checkbox"/> Impaired	<input type="checkbox"/> Wears aids	
Mobility	<input type="checkbox"/> Independent	<input type="checkbox"/> Assistance	<input type="checkbox"/> Mobility Aids	
Toileting	<input type="checkbox"/> Independent	<input type="checkbox"/> Reminders	<input type="checkbox"/> Assistance	

Specialist / Support Services involved: (please indicate name and contact details)

Health issues: Include: Diagnoses/ Concerns/ Medication

Additional information specific to the service referred to e.g. EPoA, Medical alarm, Protection Order, Home and Family.

<p>Office Use Only: Preferred attend days: <input type="checkbox"/>M <input type="checkbox"/>T <input type="checkbox"/>W <input type="checkbox"/>Th <input type="checkbox"/>F <input type="checkbox"/>S Preferred attend times: Account sent to (if applicable):</p>	<p>Referral acknowledgment date: Triage Date: Date allocated/cancelled: Allocated to:</p>
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