

## Age Concern Waikato, Elder Abuse Referral Form

Client Referral Information

| Criteria for Service Referral - MUST be completed before submitting:                                                                                                                                             |              |                 |                   |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------|-------------------|--|--|--|--|--|--|
| <ul> <li>□ Is this person 65 years+ or 55 if Maori or Pasifika ethnicity</li> <li>□ Has the service been explained to the person, and have they given their permission to be referred to Age Concern?</li> </ul> |              |                 |                   |  |  |  |  |  |  |
| Titles (e.g. My Mys)                                                                                                                                                                                             |              | First Name .    | Duefe we d Neve e |  |  |  |  |  |  |
| Titte: (eg: Mr, Mrs)                                                                                                                                                                                             |              |                 | Preferred Name:   |  |  |  |  |  |  |
|                                                                                                                                                                                                                  | Middle Name: |                 | Surname:          |  |  |  |  |  |  |
| Physical Address: _                                                                                                                                                                                              | (Unit)       | (Street Number) | (Street Name)     |  |  |  |  |  |  |
| (Suburb)                                                                                                                                                                                                         |              | (City)          | (Postcode)        |  |  |  |  |  |  |
| Postal Address(if different from above):                                                                                                                                                                         |              |                 |                   |  |  |  |  |  |  |
| -                                                                                                                                                                                                                | (Unit)       | (Street Number) | (Street Name)     |  |  |  |  |  |  |
| (Suburb)                                                                                                                                                                                                         |              | (City)          | (Postcode)        |  |  |  |  |  |  |
| Contact Number/s:                                                                                                                                                                                                |              |                 |                   |  |  |  |  |  |  |
| Date of Birth:                                                                                                                                                                                                   |              |                 |                   |  |  |  |  |  |  |
| Elder Abuse Concerns:                                                                                                                                                                                            |              |                 |                   |  |  |  |  |  |  |
|                                                                                                                                                                                                                  |              |                 |                   |  |  |  |  |  |  |
|                                                                                                                                                                                                                  |              |                 |                   |  |  |  |  |  |  |
|                                                                                                                                                                                                                  |              |                 |                   |  |  |  |  |  |  |
|                                                                                                                                                                                                                  |              |                 |                   |  |  |  |  |  |  |
|                                                                                                                                                                                                                  |              |                 |                   |  |  |  |  |  |  |
|                                                                                                                                                                                                                  |              |                 |                   |  |  |  |  |  |  |



## **ALLEGED ABUSER/S DETAILS** Title: (eg: Mr, Mrs) \_\_\_\_\_ First Name: \_\_\_\_ Preferred Name: \_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_ Physical Address: \_\_ (Unit) (Street Number) (Street Name) (Suburb) (City) (Postcode) Contact Number/s: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/ Ethnicity: \_\_\_\_\_ Relationship to client: \_\_\_\_\_ Other relevant Information: \_\_\_\_ Name of Referrer:\* Title and Organisation: \_\_\_\_\_ Has the client consented to the referral?\* Yes / No May we disclose the source of the referral?\* Yes / No Date of Referral: PRACTITIONER SAFETY CHECKLIST - please complete\* This checklist supports the safety and welfare of our practitioners prior to visiting the client's premises. Please tick Yes or No for each item based on what you know about the property or situation. Is there any previous family harm history? Answer: ☐ Yes ☐ No • Are there animals that may pose a threat to visitors or residents?

Answer: ☐ Yes ☐ No

• Can we easily access

Can we easily access the property?

• Is there Poor mobile reception

Answer:  $\square$  Yes  $\square$  No – please explain

Answer: ☐ Yes- Please explain ☐ No

\* Required information



## Please send referral to: enquiries@ageconcernwaikato.org.nz

| NOTES: |  |  |  |
|--------|--|--|--|
|        |  |  |  |
|        |  |  |  |
|        |  |  |  |
|        |  |  |  |
|        |  |  |  |
|        |  |  |  |
|        |  |  |  |
|        |  |  |  |
|        |  |  |  |
|        |  |  |  |
|        |  |  |  |
|        |  |  |  |
|        |  |  |  |
|        |  |  |  |
|        |  |  |  |