

CLIENT DETAILS

CLIENT NAME *	
ADDRESS*	
TOWN/CITY	
CONTACT NUMBER/S*	
DATE OF BIRTH*	
NHI NUMBER	
ETHNICITY*	
ELDER ABUSE* CONCERNS	

Please note if the person is of Māori or Pasifika ethnicity, they need to be a minimum of 55 years of age.

European and other must be aged 65 years of age and over.

ALLEGED ABUSER/S DETAILS

NAME*	
ADDRESS	
TOWN/CITY	
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?*	
May we disclose the source of the referral?*	
Date of referral	

Practitioner Safety Checklist – Pre-Visit*

This checklist supports the safety and welfare of our practitioners prior to visiting the client's premises.

- ☐ History of violence or threats at the property
- ☐ Previous police involvement or welfare checks
- ☐ Substance use at the premises
- ☐ Gang affiliations or criminal activity
- ☐ Aggressive pets or animals on site
- ☐ Unsafe access (e.g. broken steps, poor lighting, clutter)
- ☐ Rural or isolated location
- ☐ Poor mobile reception
- ☐ Caregiver known to be hostile or controlling
- ☐ Household members may pose a risk
- ☐ Other safety concerns (please specify):

* **Required information**

If the client is unsafe and / or at immediate risk, please telephone Police or Ambulance on 111

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