Referral for Dementia Wellington Services

Please complete all areas of this form and email to referrals@dementiawellington.org.nz or fax 04 938 0113.

Dementia Wellington offers people with dementia and their supporters education, socialisation programmes, living well sessions, support groups, tailored one-on-one advice. See our range of services on our website.

www.dementiawellington.org.nz | 04 972 2595 | www.facebook.com/dementiawellington

Person with Dementia details	
Name:	Phone:
Gender: M / F / Other	Email:
Date of birth:	Emergency contact:
Ethnicity:	Contact phone number:
NHI:	Relationship:
Client address: Suburb: City: Post code:	GP name: GP practice: GP phone:
Client lives alone? Yes / No	
Supporter details	
Name:	Address: Post code:
Email:	
Phone:	Relationship:
Referral details	
Date of Referral: Type of Dementia diagnosis:	Diagnosed by: Date of Diagnosis:
Who should be our first point of contact? Supporter ☐ Person with Dementia ☐	Supporter aware of referral ☐ Person with Dementia aware of referral ☐
Other relevant diagnoses:	
Reason for referral (*Education, Support Groups, Living Well sessions, one to one advice, Total mobility assessment etc.)*	
Current professional or family supports involved	
Referrer details	
Name of Referrer:	Designation:
Organisation:	Phone number: