



Referral for Dementia Wellington Services

Please complete all areas of this form and email to referrals@dementiawellington.org.nz or fax (04) 9380113.

Dementia Wellington provides people with a dementia and their supporters tailored one-on-one advice, education, socialisation opportunities, support groups, and Total Mobility Scheme assessments.

Person with Dementia details	
Name:	Address:
Email:	Telephone:
DOB:	Gender: M / F / Other
GP:	NHI:
Medical Practice name:	Medical Practice phone:
Supporter/ Contact person details	
Name:	Address:
Email:	Telephone:
Relationship:	
Referral details	
Date of Referral:	Supporter aware of referral <input type="checkbox"/>
	Person with Dementia aware of referral <input type="checkbox"/>
Who should be our first point of contact? Supporter <input type="checkbox"/> Person with Dementia <input type="checkbox"/>	Diagnosed by: Date of Diagnosis:
Type of Dementia diagnosis: Other relevant diagnoses:	
Reason for referral (E.g. Total Mobility Scheme assessment required, or carer stress)	
Current professional or family supports involved	
Referrer details	
Name of Referrer:	Designation:
Organisation:	Phone number: