



## Referral for Dementia Wellington Services

Please complete all areas of this form and email to [referrals@dementiawellington.org.nz](mailto:referrals@dementiawellington.org.nz)

*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](http://www.dementiawellington.org.nz)

[www.facebook.com/dementiawellington](https://www.facebook.com/dementiawellington)

Person with Dementia details	
Name:	Gender:
Street address:	Date of birth:
Suburb:	Ethnicity:
City:	Post Code:
Phone:	NHI:
Email:	GP:
Client lives alone?	GP phone:
	GP Practice:
Supporter details	
Name:	Relationship:
Street address:	Phone:
Suburb:	Email:
City:	Post code:
	Ethnicity:
Referral details	
Date of Referral:	Type of Dementia:
Supporter aware of referral <input type="checkbox"/>	Date of Diagnosed:
Person with Dementia aware of referral <input type="checkbox"/>	Diagnosis made by:
Who should be our first point of contact? Supporter <input type="checkbox"/>	
Person with Dementia: <input type="checkbox"/>	
Other relevant diagnoses:	
Reason for referral ( <i>Education, Support Groups, Living Well sessions, one to one advice, Total mobility assessment etc.</i> )	
Current professional or family supports involved	
Referrer details	
Name of Referrer:	Designation:
Organisation:	Phone number: