



DEMENTIA CARE SERVICE

Referrals for all types of dementia

If you would like to make a referral then please fill out the form below and fax it to: **09 636 0540** or scan and email to infor@dementiaauckland.org.nz

or post to: **Dementia Auckland - P O Box 5132, Wellesley St, Auckland 1141.**

or send from our website www.dementiaauckland.org.nz

Referral to: **Dementia Auckland**

Date/...../.....

From (name) _____

Place Information sticker here

- Organisation
- | | | |
|----------------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Memory Clinic | <input type="checkbox"/> NASC | <input type="checkbox"/> Other |
| <input type="checkbox"/> MHSOP | <input type="checkbox"/> GP | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Geriatrician | | |

DHB

Auckland District Health Board Waitemata District Health Board Counties Manukau District Health Board

Person with dementia information

Last name _____

First Name _____

Address _____

Post Code _____

Phone number _____ (09) _____

Gender Male Female

Age _____ D.O.B _____

NHI number _____

Diagnosis _____

Carer Information

Last name _____

First name _____

Address _____

Post Code _____

Relationship to the person with dementia _____

Phone number Home _____

Work _____

Mobile _____

Other relevant information _____

Consent given Yes No