



**Waitematā**  
District Health Board

Best Care for Everyone

### Older Adults & Home Health

Email:  
[OlderAdultsHomeHealth@Waitematadhb.govt.nz](mailto:OlderAdultsHomeHealth@Waitematadhb.govt.nz)

Tel: (09) 486 8974

Mr  Mrs   
Ms  Miss

Given names:

NHI:

Family Name:

Preferred Name:

DOB:

Sex:

Home Address:

Day Phone:

Mobile Phone:

Night Phone:

NZ Resident:  
Yes  No

Ethnicity:

Interpreter needed:  
Yes  No

Language:

### Older Adults & Home Health Referral

Discharge/ visiting address:	Date:	Caregiver name:	Relationship:	
	Patient/caregiver consented to visit: Yes <input type="checkbox"/> No <input type="checkbox"/>	Caregiver address:	Day phone:	
Phone:			Night phone:	
Diagnosis:		ACC Yes <input type="checkbox"/> No <input type="checkbox"/>	Community card number: Expiry Date:	
Reason for referral:				
Relevant medical information:		Medication:	Allergies:	
Patient home situation:			Alerts:	
			<b>Able</b>	<b>Needs help</b>
		Eating & drinking	<input type="checkbox"/>	<input type="checkbox"/>
		Cooking/ shopping	<input type="checkbox"/>	<input type="checkbox"/>
		Housework/ laundry	<input type="checkbox"/>	<input type="checkbox"/>
		Hygiene: sponging/bath/shower	<input type="checkbox"/>	<input type="checkbox"/>
		Dressing	<input type="checkbox"/>	<input type="checkbox"/>
		Toileting	<input type="checkbox"/>	<input type="checkbox"/>
		Mobility	<input type="checkbox"/>	<input type="checkbox"/>
		Sleeping pattern	<input type="checkbox"/>	<input type="checkbox"/>
		Other:	<input type="checkbox"/>	<input type="checkbox"/>
Additional information:				
Referrer	GP <input type="checkbox"/> Specialist <input type="checkbox"/> Locum <input type="checkbox"/>	Hospital <input type="checkbox"/>	Other <input type="checkbox"/>	
	Name, address, phone & email if different from above:	Name: Contact person: Phone: Email:	Name: Contact person: Phone: Email:	