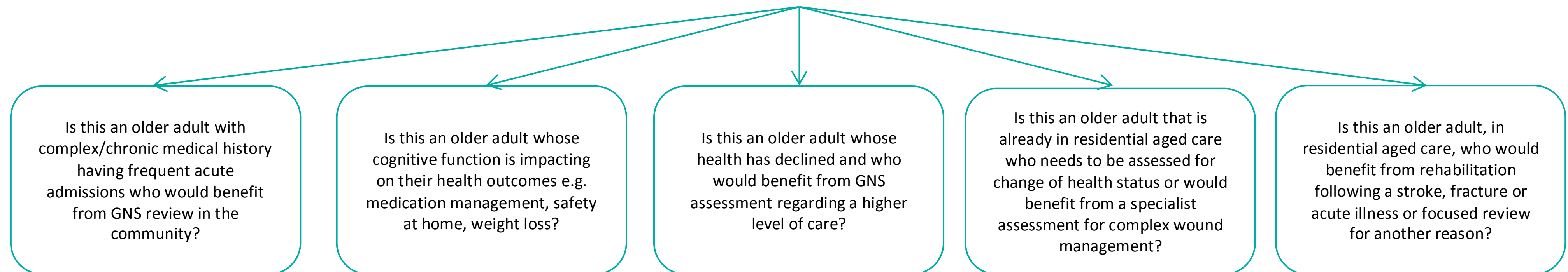
Referral Pathway to Community Gerontology Nurse Specialist



A delirium screen is required for most referrals.

If available, please include the following information on the referral:

- Reason for referral – be specific
- History of events leading to this referral
- Discharge summary
- Up-to-date list of medications
- EPOA details
- Past medical history
- Any cognitive assessments
- Outcome of MDT or family meeting in hospital
- Family involvement and contact numbers
- Consent gained

Please email referrals to Older Adults & Home Health: olderadultshomehealth@waitematadhb.govt.nz

Note: We are NOT an acute response team. All cases are triaged according to risk.
For acute medical issues referral to the GP or acute admission is advised.

These services may also be available:

- Non-Governmental Organisations (NGO) – e.g. Hospice, Age Concern
- General Practitioner (GP) – Acute change or medical assessment
- Needs Assessment & Service Co-ordination (NASC) – Needs assessment
- Mental Health Services for Older Adults (MHSOA) – Mental Health assessment
- Geriatrician – Specialist assessment
- Cultural Support – Māori Health Service, Asian Health Service, Pacific Support Service
- Vulnerable Adult Response Group (VARG) – Complex psychosocial situations after discussion with social worker
- Dietitian (DT) – Nutritional assessment
- Occupational Therapist (OT) – Cognitive or environmental assessment
- Physiotherapist (PT) – Mobility assessment
- Social Worker (SW) – Psychosocial assessment
- Speech Language Therapist (SLT) – Language and/or swallowing assessment
- Residential Aged Care Pharmacist – Medicines optimisation review