

Referral to: Pacific Dementia Māngalo

Complete an online referral form on our website - www.athwa.org.nz

Email to dementia@athwa.org.nz

Post to: Pacific Dementia Māngalo - PO Box 22336, Otahuhu, Auckland 1062

*** Mandatory Fields**

1 Referrer Details

*Name _____ *Designation _____ *Date _____

*Contact Details: *Phone _____ *Email _____

*Organisation Memory Clinic NASC Other - specify _____

GP Specialist Geriatric Services MHSOP

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

2 Reason for referral (Please select option/s)

Information on dementia Keyworker support / navigation Education courses for carers / families

Phone consultations Support groups for carers Activity groups for person with mild to moderate dementia

Other - specify _____

3 Person living with dementia details or patient label.

*First Names _____ (Preferred Name) _____

*Last Name _____

*Address _____

*Post Code _____

Phone Number () _____ Mobile _____

Gender Male Female *Ethnicity _____ Other - specify _____

Age _____ *D.O.B _____ *NHI Number _____

*Diagnosis (type of dementia) _____ Other - specify _____

*Recent cognitive test results Date: _____ Test _____ Score: ____ / ____

Other - specify _____ Score: ____ / ____

4 Carer details – we provide support services to carers.

*First Names _____ *Last Name _____

*Ethnicity _____ Other - specify _____ *D.O.B _____

*Address _____

*Post Code _____

*Relationship to person with dementia _____ *Email _____

*Phone Number Home () _____ Work () _____ Mobile _____

5 Other relevant information

*Consent given Yes No

Date received by Pacific Dementia Māngalo _____