

Referral to: Pacific Mangalo Dementia

Email to dementia@athwa.org.nz

Post to: **Aotearoa Tongan Health Workers Association - PO Box 22336, Otahuhu, Auckland 1062**

1 Referrer Details

Name _____ *Relationship to Person with Dementia _____

Contact Details: Phone _____ *Email _____ Date _____

2 Services Offered (Please indicate your interest)

- 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

*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 Māngalo Dementia _____