Shanti Niwas Charitable Trust Inc.

Ensuring seniors are valued and treasured by society

PO Box 24386, Royal Oak, Auckland. P: 09-6221010, E:info@shantiniwas.org.nz

REFERRAL FORM

Client Name: _____

Date of Birth _____ M F Ethnicity_____ Languages Spoken: _____ Address:

_____

Phone/Mobile _____ Email _____

Family/Friend Contact: Name: _____ Relationship: _____

Phone/Mobile _____ Email _____

Informed Consent gained: Yes/No

Please ASK the client which service they require

Positive Aging Day Program
Elder Abuse and Neglect Prevention Service
Visiting Service
Emergency Housing
Other Age related services/advocacy

Reason for Referral (Please be specific)

_____

_____

_____

Health Condition

_____

_____

Doctor: _____ Phone: _____

Referred by:
Name: _____ **Relationship** _____

Contact Details: _____

Date of the referral _____

Form approved by Management Committee on 22 Oct 2024