



Client Registration Form

Auckland - Manukau - North Shore

CLIENT DETAILS:

Registration No: _____

Date: _____

Name: Mr/ Mrs/ Miss: _____
(Surname)

_____ (First Name)

Address: _____

_____ Phone: _____

Email Address: _____

D.O.B: _____ Age: _____ Male Female

Ethnicity: _____ Religion: _____ Language: _____

Single Married Widow/ Widower Divorced Separated

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

Mobile: _____ Email Address: _____

REFERRED BY

Name: _____ Relationship: _____ Phone: _____

Mobile: _____

RESIDENTIAL STATUS

Date of Arrival in New Zealand: _____ New Zealand Citizen Permanent Resident

Non Resident Anticipated length of stay in New Zealand: _____

Shanti Niwas Registration Form

Name: _____

Registration Number: _____

ACCOMMODATION
LIVING: Alone Couple Family Rest Home Own Home

Pensioner Housing Rental Property Boarding Other
Details of Family Members living with you

| NO | NAME | RELATIONSHIP |
|----|------|--------------|
| | | |
| | | |
| | | |

EMPLOYMENT HISTORY

Previous _____ Present _____

FINANCIAL SITUATION

Benefit/ Pension (type): _____

Gold Card Total Mobility Card (TM) High User Card
MEDICAL HISTORY:

1. General Health: _____

2. Alzheimer's / Dementia / Confusion / Memory Loss? _____

3. Vision: _____

4. Hearing: _____

5. Mobility: _____

Doctor: _____

Phone: _____

Shanti Niwas Registration Form

Name:

Registration Number:

Medical Alert Bracelet / Alarm: Yes No

If 'Yes' please specify details: _____

SOCIAL SUPPORT SERVICES REQUIRED

Advocacy (Housing NZ, WINZ, etc.) Counselling Accredited Visiting Service

Interpreting Day Program Elder Abuse & Neglect Support

HOME BASED SUPPORT SERVICES REQUIRED

Home Help Shopping Personal Care Equipment

Carer Support Respite Care Socialisation

Transport Required: Yes / No

Day Programme : Monday Tuesday Wednesday Thursday Friday

Publicity Consent: I agree for my photos/videos to be used for Shanti Niwas resources/publicity Yes / No

Any Other Needs: _____

HOBBIES / INTERESTS _____

REASON FOR CALL _____

COMMENTS _____

Informed Consent

I understand and agree that:

- The above- named Organisation / Group will retain this record regarding myself, as updated from time to time.
- I can have a copy of this record at any time.
- This information can be corrected by me at any time.
- In the event of an emergency this information can be divulged to a relevant agency (e.g.: Ambulance Services, GP, Medical Practitioner’s, and Hospital Services).
- I understand that from time to time our services may be audited by our funding bodies to ensure contractual compliance; this may include a review of client files. No personal (identifiable) details from client files will be used in reporting related to these audits.
- Personal client information will not be divulged under any other circumstances without the consent of the client according to the Privacy Act 1993.

Information Provided

- Complaint Procedure
- Code of Consumer Rights
- Shanti Niwas Pamphlet / Flyer
- Shanti Niwas – KHUSHI Pamphlet / Flyer

Signature: _____
(Client)

Signature: _____
(Project Manager/ Service Co-ordinator)

Date: _____

Date: _____

Office Use:

| | |
|--------------------------|--------------------------|
| Referral Record noted | <input type="checkbox"/> |
| Stats card prepared | <input type="checkbox"/> |
| Birthday Record noted | <input type="checkbox"/> |
| Date joined Shanti Niwas | <input type="checkbox"/> |