Registration Form – Manukau Branch

CLIENT DETAILS:

Registration No: _____ Date**:_____** **NHI No: _____**

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

Address: _____

_____ Phone: _____

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

Ethnicity: _____ Religion: _____ Language: _____

Single ☐ Married ☐ Widow/ Widower ☐ Divorced ☐ Separated ☐

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

Mobile: _____

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: _____

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 (TM) Vouchers ☐ High User Card ☐

MEDICAL HISTORY: _____

_____

_____

Doctor: _____ Phone: _____

HEALTH CONDITION

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

2. Vision: _____

3. Hearing: _____

4. Health / Mobility: _____

Medical Alert Bracelet / Alarm: Yes ☐ No ☐

If 'Yes' please specify details: _____

HOME BASED SUPPORT SERVICES REQUIRED

Home Help ☐	Shopping ☐	Personal Care ☐	Equipment ☐
Carer Support ☐	Respite Care ☐	Socialisation ☐	Renovations ☐
Advocacy ☐	Counselling ☐	Accredited Visiting Service ☐	Preparation of Meals ☐

Transport Required: Yes / No

Day Programme : Thursday ☐

Doctor / Specialist Visit ☐ Hospital Appointment ☐

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 ☐

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

Date: _____ Date: _____

Office Use:

Referral Record noted	☐
Stats card prepared	☐
Case Plan noted	☐
Birthday Record noted	☐
Date joined Shanti Niwas	☐