



Referral Form

**The Loft
Eastgate shopping Mall
Linwood
Christchurch 8640**

**Phone: 03 386 1863
Cell: 0210724218
Email: caringforcarers@xtra.co.nz
Web: www.caringforcarers.org.nz**

Referred by _____ Date _____

Agency _____ Phone _____

Carer:

Name _____ Age _____

Address _____

Phone _____ Ethnicity _____

Relationship to the person they care for _____

How many hours spent caring _____

Caree:

Name _____ Year of birth _____

Do they live with the carer or in another household _____

Diagnosis _____

Reasons for referral _____

All personal information is kept confidential but may be used for statistical purposes in applications for funding or advocating on behalf of Carers.
