

# VIP SERVICES INFORMATION FOR VETERANS' AFFAIRS

VIP Services Team Email Address: vip.serviceteam@nzdf.mil.nz



<b>Full Name Client:</b>	<b>Form Filler Name:</b>
<b>Address:</b>	<b>Date:</b>
	<b>Phone Number:</b>
	<b>Email:</b>
<b>NOK Name:</b>	<b>NOK Phone Number:</b>
	<b>NOK Email:</b>
<b>Date of Birth:</b>	<b>Service Number:</b>
<b>Name of GP:</b>	<b>Medical Centre Name:</b>
<b>Medical Centre Address:</b>	<b>Medical Centre/ GP Phone Number:</b>
<b>Client Ethnicity:</b>	<b>Marital Status:</b>
<b>Do you live alone? Y/N:</b>	<b>Are you currently employed Y/N, if Yes occupation.</b>

**In the past 30 days how much difficulty did you have with the following activities:**

<b>Lawnmowing and gardening – managing your lawns and gardens</b>				
<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Extreme or cannot do
<input type="checkbox"/> <b>Yes, urgently</b>		<input type="checkbox"/> <b>Yes, the service is required</b>		<input type="checkbox"/> <b>No, the service is not required</b>
<b>Home help – keeping on top of household chores</b>				
<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Extreme or cannot Do
<input type="checkbox"/> <b>Yes, urgently</b>		<input type="checkbox"/> <b>Yes, the service is required</b>		<input type="checkbox"/> <b>No, the service is not required</b>
<b>Podiatry – personal care</b>				
<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Extreme or cannot Do
<input type="checkbox"/> <b>Yes, urgently</b>		<input type="checkbox"/> <b>Yes, the service is required</b>		<input type="checkbox"/> <b>No, the service is not required</b>
<b>ADT Medical and Smoke Alarm – Have you had breathing difficulties, or get lost when out</b>				
<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Extreme or cannot Do
<input type="checkbox"/> <b>Yes, urgently</b>		<input type="checkbox"/> <b>Yes, the service is required</b>		<input type="checkbox"/> <b>No, the service is not required</b>
<b>Chemwash – managing washing your house, external windows and guttering, pathways</b>				
<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Extreme or cannot do
<input type="checkbox"/> <b>Yes, urgently</b>		<input type="checkbox"/> <b>Yes, the service is required</b>		<input type="checkbox"/> <b>No, the service is not required</b>
Describe any general health, wellbeing, medical conditions that may cause issues for the client to maintain their independence at home				