



Support Works

Te Roopu Tautoko

1 Harley Street, Nelson 7010

Email: Support.Works@nmdhb.govt.nz Phone (03) 546 3980 or 0800 244 300

Fax (03) 546 3983 or Free Fax: 0800 244 900 www.nmdhb.govt.nz/SupportWorks.aspx

PAEDIATRIC PERSONAL HEALTH REFERRAL AND ASSESSMENT Page 1 of 2

Referrer:	Date of Assessment:
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Client Details

Full Name:	NHI:
Address:	Phone Number: GP:
DOB:	Specialist:
Ethnicity:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

Next of Kin/Care giver

Full Name:	NHI:
Address:	DOB:
Phone number:	

Diagnosis:
Medical condition:
Reason for Referral:

Consent for Information I understand that the information given to me in this assessment will be collected, stored, used by or disclosed to people who will use it to help with my assessment, health and support services.

Client/Care giver signature:	Date:
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Background & Present Family/Living situation:

**PAEDIATRIC PERSONAL HEALTH REFERRAL AND ASSESSMENT TO
SUPPORT WORKS Page 2 of 2**

Impact of Health Issues on Child/Family:

Natural Supports & Other Agencies Involvement. Such as Acc, extended family, neighbors:

Child's ability to perform as & appropriate tasks:

Identified Needs:

Name and Address of person who completed assessment:

Phone Number:

Email Address:

Please email this form to Support.Works@nmdhb.govt.nz or Fax (03) 546 3983 or Free fax: 0800 244 900