

# Kai Arahi Trust

Healthy Lifestyles Programme

Information on this form is for the purpose of ensuring your safety while on a programme or activity, for contacting a support person/family member in the case of an emergency and also for the administration of the programme.

(If you require someone else to help you complete this form, please state their name and their relationship to you on the last page.)

## Personal Details

Mr / Mrs / Ms / Miss

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Iwi Affiliation (If applicable): \_\_\_\_\_

**Emergency / Support person Contact Details:** (person who can be contacted if needed while you are participating in a activity.)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Relevant Medical Information

Doctor: \_\_\_\_\_ Dr. contact number: \_\_\_\_\_

Do you experience any of the following?

high blood pressure	YES/NO
diabetes	YES/NO
epilepsy	YES/NO
asthma	YES/NO

Do you have any injuries or other conditions that may affect your involvement in the Healthy Lifestyles Programmes, or that we need to be aware of? E.g. deaf / blind / mobility / allergies etc

(If YES, please explain).

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If you take medication, do you need support with medication management? YES/NO

If YES, please attach a detailed support plan around medication management.

**Mental Health Issues**

Do you experience a mental illness? YES/ NO (If NO, you may not be eligible to participate).

The following behaviours should be considered as “warning signs” that I am becoming unwell...

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Should I become unwell while on the Healthy Lifestyles Programmes, the best way for me to manage my symptoms are:

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If I become unwell, others can support me by

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**Relevant recreation/leisure/education information**

What would you like to achieve by participating on a Healthy Lifestyles Programme or Activity?

	Tick		Tick		Tick
Confidence	<input type="checkbox"/>	stress	<input type="checkbox"/>	Education	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	Fitness	<input type="checkbox"/>	Relaxation	<input type="checkbox"/>
Socialising	<input type="checkbox"/>	Friendship	<input type="checkbox"/>	Quality of life	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	Weight loss	<input type="checkbox"/>	Learn new skills	<input type="checkbox"/>
Budgeting	<input type="checkbox"/>	Health	<input type="checkbox"/>	Cultural	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	Employment	<input type="checkbox"/>		<input type="checkbox"/>

If there are any other areas that have not been identified in the table above please specify.

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Please read the list of activities in the table below and tick the activities you feel may assist you in successfully achieving your identified goals.

Swimming		Darts		Patchwork	
Aqua jogging		Pool		Golf	
Aqua aerobics		Gym		Tennis	
Arts n crafts		Line dancing		Netball	
Drawing		Rock n roll		Soccer	
Writing		Kapa haka		Basketball	
Tai chi		Cooking		Bowls	
Yoga		Healthy eating			
Martial arts		Budgeting			
Meditation		Languages			
Walking		Computer			
Jogging		Cross stitch			
Marathons		Knitting			
Cards		Crocheting			
Board games		Weaving			

\* Activities in the above table are subject to availability of Service Providers.

If there are any activities that have not been listed in the table above please write below any activities you feel may be helpful.

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Signature of Applicant:

Date:

If this referral form has been completed from someone else please provide details below.

Name:

Address:

Phone number:

Relationship to Applicant:

Signature

Date:

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When you have completed the referral form, please forward it to:

Sandi Noon  
 Healthy Lifestyles Coordinator  
 602 – 606 Main St  
 Palmerston North

The Healthy Lifestyles Coordinator will contact you to arrange a time to meet.

# REFERRAL PROCESS

1) Fill in Referral Form

2) Check that all information is correct

3) Send Referral Form to:

Sandi Noon  
Healthy Lifestyles Coordinator  
C/o Kai Arahi Trust  
602 - 606 Main St  
Palmerston North

Or

Fax: 355 7201  
Attn: Healthy Lifestyles Coordinator

5) Referral Form received

6) A Letter that your referral form has been received will be sent to you

7) The Healthy Lifestyles Coordinator will arrange a time to meet with you

8) Meet with Healthy Lifestyles Coordinator to:

Sign Contract  
Discuss conditions for attending  
Sign up for specific programme or activity

9) Start the Programme or activity you have chosen

10) During and at the end of each programme or activity

Fill in evaluation form

If you have any queries you can phone Sandi on

3557 200 or 027 295 7473