

WHAIORO TRUST



Referral Form

Eyre St Feilding 027 295 7479 or (06) 323 2800
18 Keepa St Levin 027 295 7481 or (06) 367 2241
602 -606 Main St Palmerston North 027 295 7483 or (06) 354 0670

PO Box 157 Palmerston North

Date:

Name:

Birthdate: Gender: Male / Female

Ethnicity: Maori - Iwi affiliation (if known)
Polynesian, Other

Address:
.....

Phone: Mobile:

NHI No. (if known).....

Do you / have you experience/d a mental illness? YES NO (Please circle)

Diagnosis (if known).....

How does your illness affect you? (Symptoms of unwellness)

.....
.....
.....

Contact if symptoms of unwellness appear:

Name: Phone:

Address:

Whaioro Doc No:	Date of approval:10/9/2007	Last Review: 10/9/2007
Authorised By: C.E.O	ONLINE VERSION	Next Review: 10/9/2009
Signature:	Date: 10/9/2007	Page 1 of 2

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What support do you seek from Whaioro Trust?

.....
.....

Please include any relevant support/care, risk management, treatment plans or other documentation necessary for individual support.

Any health conditions that may impact on safety at work/training. (Hepatitis, Asthma, Hearing etc) (Addictions: Tobacco, drugs, alcohol)

.....

Personal emergency contact details:

Name of contact Address

Relationship Phone

Doctor Phone

Referred by:

Name: Position:

Signed: Organisation:

Confidentiality

I (name) consent to:

1. Whaioro Trust contacting the named people for personal emergency / unwellness.
2. Whaioro Trust sharing the information on this form with the following organisations, solely for the purpose of providing support for me.

WINZ, Te Runanga O Raukawa, Mash Trust, MidCentral Health, potential employers and the referrer named on this form.

Signed Date

Post to PO Box 157 Palmerston North
Email: whaiorotrust@inspire.net.nz

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