

Please
note

Completed form should be sent to
Rehab People, PO Box 25-337, Christchurch 8144

Referrer name and contact details _____

Medical Practice _____ Referral Agency _____

Place of Work _____ Date _____

Patient Details

Surname _____ Given name(s) _____

NHI Number _____ Date of birth _____

Phone/Cell Phone _____ Email _____

Address _____

Next of Kin/Carer details _____

Gender Male Female

Ethnic Group

NZ European Maori Pacific Islander European Asian Other _____
(please specify)

Criteria Quintile 5 Decile 9/10 High needs (if known)

GP name and contact details _____

Reason for Referral

Presenting Symptoms

Medications _____

Specialist name _____

Please send referral **via Post: Rehab People, PO Box 25-337, Christchurch 8144**
via Email: referrals@rehabpeople.co.nz
via Fax: 03-366 3217

This service is available from Monday to Friday 9am to 5pm with some flexibility depending on client needs.

christchurch.pho assists with the **Living with Huntington's** (Pilot Project)