

**38 West Street  
P O Box 34  
Palmerston North**



**Phone 06 354 6728**

**Thank you for your enquiry about attending Strive Rehabilitation Manawatu. Please complete as much information in the boxes below, and we will contact you regarding a possible referral**

**Date of Enquiry:**

**Agency:**

**Ph:**

<b>SURNAME:</b>		<b>FIRST NAME/S:</b>	
<b>ADDRESS:</b>		<b>NEXT OF KIN: NAME:</b>	
		<b>RELATIONSHIP:</b>	
		<b>ADDRESS:</b>	
		<b>TELEPHONE:</b>	
<b>TELEPHONE:</b>		<b>DIAGNOSIS:</b>	
<b>MOBILE:</b>		<b>DATE of INJURY:</b>	
<b>Gender:</b> <b>Male</b> <input type="checkbox"/>	<b>ACCOMMODATION</b> (Please Specify Eg Lives alone/ residential care / with family)	<b>DETAILS OF ACCIDENT: (IF APPLICABLE)</b>	
<b>Female</b> <input type="checkbox"/>			
<b>Date of Birth:</b> /    /			
<b>Age:</b>			
<b>GENERAL PRACTITIONER/ DOCTOR:</b>			
<b>Name:</b>		<b>Phone:</b>	
<b>OTHER AGENCIES INVOLVED</b>		<b>Type of Involvement:</b> Eg PT, OT, Residential Care, WINZ, Supportlinks, CCS, ACC	
<b>FUNDER INFORMATION:</b>			
Case Manager/Case Coordinator: _____		Branch: _____ Phone: _____	
Claim Number: _____		Health Number: _____	
<b>ETHNICITY: Please Circle</b> <b>NZ European</b> <b>NZ Maori</b> <b>Iwi</b> Please specify			
<b>Samoan</b> <b>Tongan</b>		<b>Cook Island Maori</b> <b>Fijian</b> <b>Rarotongan</b>	
<b>Asian</b> (Please Specify)		<b>Other</b> (Please Specify)	

<b>REASON FOR REFFERAL:</b> ( Eg Rehabilitation educational / social/ vocational (Please be as specific as possible)
<b>RELEVANT REHABILITATION HISTORY:</b> (Please be specific)
<b>RELEVANT MEDICAL INFORMATION :</b> eg Diabetes, Epilepsy BiPolar Hep B, HIV, Medication, Allergies
<b>RELEVANT DISABILITY INFORMATION:</b>
<b>Functional:</b>
<b>Sensory:</b>
<b>Cognitive:</b>
<b>Communication:</b>
<b>Emotional/ Behavioural:</b>
<b>Special Needs:</b> Eg assistance with meals / hygiene / other
<b>Social:</b> Eg family/ relationships/ support system. Please specify
<b>Please attach relevant reports Eg Neuropsychology OT, PT, Needs Assessment</b>