

**taikura trust referral form...**

Taikura Trust  
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Surname: \_\_\_\_\_ Title: \_\_\_\_\_

First name: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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

Male/Female \_\_\_\_\_ D.O.B.: \_\_\_\_\_ NHI No: \_\_\_\_\_

Community Services Card No: \_\_\_\_\_ Expiry: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

General Practitioner: \_\_\_\_\_ Phone: \_\_\_\_\_

NOK or Caregiver Name: \_\_\_\_\_

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

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

Consent for referral given by client? \_\_\_\_\_ ☐ Yes ☐ NoMāori assessor preferred? \_\_\_\_\_ ☐ Yes ☐ NoAny other cultural or interpreter requirements? \_\_\_\_\_ ☐ Yes ☐ No**Diagnosis & disability details****Reason for referral**Referred by: \_\_\_\_\_ Designation: \_\_\_\_\_  
*(Please print)*

Phone No: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Date of implementation:

Reviewed:

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Referral Form.doc

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**...taikuratrust**  
 valuing difference and  
 supporting inclusion