

Client details

First names: _____ Last name: _____ Gender: M F

Phone number: _____ Mobile: _____ Date of birth: _____

Postal address: _____ Country of birth: _____

New Zealand resident: Yes No

Email: _____ Ethnicity;

Alternative contact details: _____ NZ European/Pakeha

European

Maori

Pacific Islander.....

Other

Health / benefit details

NHI number: _____ Benefit type:

Primary diagnosis: _____ Invalids

Clinical support person: _____ Sickness

Postal address: _____ Unemployment

Phone: _____ Other

Email: _____

Work & Income number: _____

Work & Income case manager details

Name: _____

Email: _____

Phone number: _____

Work and Income service centre: _____

Applicant to sign

I give consent for any referring agency and Workwise to share information about me. I understand that information will only be given to workers of these two agencies who obey the code of confidentiality of the agencies that they represent. I understand that participation in this initiative is voluntary and that I can withdraw my consent and participation at any time.

Signature of Applicant: _____ Date: _____

Referral agency to complete

Agency:	Contact name:	Email:
Workwise Auckland Ph (09) 261 3402 Fax (09) 263 9369	Workwise Rotorua Ph (07) 348 2940 Fax (07) 348 2955	Workwise Waikato Ph (07) 857 1201 Fax (07) 857 1298
Workwise Hauraki Ph (07) 868 0530 Fax (07) 868 0531	Workwise Taranaki Ph (06) 757 3831 Fax (06) 757 2870	Workwise Wellington Ph (04) 474 0643 Fax (04) 385 1683
Workwise Christchurch Ph (03) 339 3781 Fax (03) 339 3783		

WORKWISE to complete

Date received... / ... / ... Referrer notified... / ... / ... Client notified... / ... / ...

Accepted Declined

Consultant: _____

Contract: _____