

38 West Street  
 P O Box 34  
 Palmerston North

Phone 06 354 6728



## Manawatu Stewart Centre

### For Brain Injury Rehabilitation

DATE of REFERRAL \_\_\_\_\_

<b>REFERRAL AGENCY:</b>	<b>Designation</b>	<b>Ph.</b>
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SURNAME:							
FIRST NAME/S:							
ADDRESS:	NEXT OF KIN: NAME:  RELATIONSHIP:  ADDRESS TELEPHONE:						
TELEPHONE:  MOBILE:	DIAGNOSIS:  DATE of INJURY:  DETAILS OF ACCIDENT: (IF APPLICABLE)						
Gender: Male <input type="checkbox"/>  Female <input type="checkbox"/>  Date of Birth: / / Age:	ACCOMMODATION (Please Specify Eg Lives alone/ residential care / with family)						
GENERAL PRACTITIONER/ DOCTOR:							
Name:	Phone:						
OTHER AGENCIES INVOLVED	Type of Involvement: Eg PT, OT, Residential Care, WINZ, Supportlinks, CCS, ACC						
FUNDER INFORMATION:							
Case Manager/Case Coordinator: _____	Branch: _____ Phone: _____						
Claim Number:							
Health Number:.....							
ETHNICITY: Please Circle NZ European NZ Maori Iwi Please specify							
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Samoa</td> <td style="width: 15%;">Tongan</td> <td style="width: 15%;">Cook Island</td> <td style="width: 15%;">Maori</td> <td style="width: 15%;">Fijian</td> <td style="width: 15%;">Rarotongan</td> </tr> </table>		Samoa	Tongan	Cook Island	Maori	Fijian	Rarotongan
Samoa	Tongan	Cook Island	Maori	Fijian	Rarotongan		

<b>Asian</b> (Please Specify)	<b>Other</b> (Please Specify)
<b>Reason for referral:</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>	