Confirming disability

Phone: 0800 758 700 or 0508 447 6275
Email: referrals@yourwaykiaroha.nz

Who should use this form?

Anyone who has been referred / self-referring to Your Way | Kia Roha for the first time.

The form must be completed by a clinician[1], doctor or specialist to confirm disability. Please attach it to the Your Way | Kia Roha Self-Referral or Referral Form or email it to us referrals@yourwaykiaroha.nz.

If you have any questions, please contact us using the details at the top of this form.

Section 1 - Person's name and diagnosis

Full name of person being referred

Type in your answer here:

National Health Index Number (NHI)

Type in your answer here:

Disability diagnosis

Type in your answer here:

Is the person's disability ACC related – Yes / No

Type in your answer here:

Does the person live with any other medical, mental health or accident-related conditions?

Type in your answer here:

Section 2 – Clinician's details

Full name / s

Type in your answer here:

Organisation and Job Title

Type in your answer here:

Signature: *(a picture file of a signature or handwritten signature must be provided).* Type in your answer here:

Date: Type in your answer here:

[1]Clinician is a registered health practitioner who provides clinical assessment, treatment, or clinical decision making within their authorised scope of practice under the Health Practitioners Competence Assurance Act 2003.