|  |  |  |
| --- | --- | --- |
| 59 Bank Street, Level 1, Whangarei / P O Box 1223, Whangarei 0140  Meridian Building, Level 1, 93 Kerikeri Road, Kerikeri 0230  Phone: (09) 430 2090 Out of Area: 0800 832 383  Email: [officewhg@homesupport.co.nz](mailto:officewhg@homesupport.co.nz)  Website: www.homesupport.co.nz |  |  |

**GP REFERRAL TO NASC REQUEST**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Person to be Assessed: | |  | | | |
| Phone: | |  | | Mobile: |  |
| Physical Address: | |  | | | |
| Postal Address: | |  | | | |
| NHI Number: |  | Email: |  | | |
| Reason for Referral: | |  | | | |
| Support Required: | | Home Support  Personal Care  Has Community Services Card | | | |
| Living Situation: | | Lives Alone  Lives with others  Has had a fall | | | |
| Further Info to Support assessment: | |  | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| Person Requesting Referral: | |  | | Date: |  |
| Phone: | |  | | Mobile: |  |

**Please complete the details above and ask your GP to send to Northland DHB NASC:**

### NASC - Older Peoples

**Northland District Health Board**

Private Bag 9742 Whangarei

Phone: 09 430 4131

Fax: 09 430 4128

Email: [nasc@northlanddhb.org.nz](mailto:nasc@northlanddhb.org.nz)