**SELF REFERRAL**

**Date:**  26/02/2016 8:40:02 a.m. **Urgency:** Choose an item.

|  |
| --- |
| **DEMOGRAPHIC INFORMATION** |
| **NHI:**  **(if known)?** **DOB:**  **Surname:**  **Forename(s):**  **Address:**  **Phone:**  **Mobile:**  **Email:**  **Preferred method of contact:**  **Gender:** **Female** **Male** **Prefer not to disclose**  **Ethnicity:**  **Interpreter:** **No If yes, specify language:** |

|  |
| --- |
| **GENERAL PRACTITIONER AND PHARMACY** |
| **GP:** **Surgery:**  **Pharmacy:** |

|  |
| --- |
| **Reason for referral:** |

|  |
| --- |
| **ANY OTHER INFORMATION YOU THINK MAY BE IMPORTANT?** |
|  |

|  |
| --- |
| **CURRENT MEDICATION(S)** |
|  |

**Once form has been completed please email to** [**MH&AS.singlepoint@lakesdhb.govt.nz**](mailto:MH&AS.singlepoint@lakesdhb.govt.nz) **and someone will make contact with you.**