

REQUEST FOR NAVIGATE SUPPORT

YOUR DETAILS		
Name: _____	DOB: _____	NHI (if known): _____
Address: _____		
Phone(s): _____	Email: _____	
Gender: _____	Ethnicity: _____	Iwi / hapu: _____
CURRENT SUPPORTS		
Family / whānau: _____	Phone: _____	
GP / Hauora Clinic: _____	Phone: _____	
Other services involved: _____	Phone: _____	
ABOUT YOUR SITUATION AND NEED FOR SUPPORT		
Briefly describe the current challenges you are experiencing:		
How do these challenges affect your everyday life?		
Please indicate what types of supports are you interested in finding out more about		
<input type="checkbox"/> Coping with anxiety / low mood	<input type="checkbox"/> Getting healthy / staying well	<input type="checkbox"/> Dealing with housing issues
<input type="checkbox"/> Developing social connections	<input type="checkbox"/> Learning skills for independence	<input type="checkbox"/> Finding work or training
What change would you like to see happen with support?		
CONSENT		
Please confirm one of the following options		
<input type="checkbox"/> I understand that my health information will be accessed to assist this request for support		
Signed: _____ Date: _____		
<input type="checkbox"/> If form is completed by another person, I have explained that this form will be sent to Navigate Support, and explained their health information will be accessed – the person has consented to this request being made.		
Name: _____ Service: _____ Phone: _____		

Queries: Phone – 07 557 5605 Email – Navigate@bopdhb.govt.nz

PRINT

CLICK TO SUBMIT FORM TO NAVIGATE

CLEAR FORM