|  |  |  |
| --- | --- | --- |
| **Mid/Far North Office**Office 2 (Upstairs), Meridian Building, 93 Kerikeri Road, Kerikeri 0230Phone: (09) 401 6657, Dial 3 Out of Area: 0800 832 383, Dial 3Email: hsnwageskk@homesupport.co.nz |  | **Whangarei Office**7A First Avenue, Whangarei 0110Phone: (09) 430 2090Out of Area: 0800 832 383 Email: officewhg@homesupport.co.nzWebsite**:** [**www.homesupport.co.nz**](http://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