

HE PUNA HAUORA:
KAIWHAKAPUAKI WAIORA
(Health Coach)

FREE MĀORI HEALTH SERVICE:

Hana Netana
Unit 5, 160 Grey Street,
PO Box 5174, Palmerston North
Phone: (06) 3567037
Mobile: (021) 451656
hana@hepunahauora.org.nz



WHO IS THIS REFERRAL / TONO FOR:

Name:

Date of Birth:/...../..... Age:

Address:

.....

Gender: MALE / FEMALE / OTHER (Please circle)

Phone: (Hm) (Mob)

Email:

GP:

NHI:

Medical Alert.....

Ethnicity

Iwi:

Emergency Contact:

Relationship Ph:

Brief Whānau History

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.....
.....
.....
.....

Reason for tono:

.....
.....
.....
.....
.....

WHĀNAU CONSENT TO:

TONO Yes / No

Information loaded onto CCR Yes / No

WHĀNAU FURTHER UNDERSTAND AND ACCEPT THAT

should He Puna Hauora become aware of any child situation/ incident/ occurrence from which any child or person/s in my care has been subjected to any abuse or neglect, He Puna Hauora or its representative will be required to notify the appropriate authorities to ensure the safety of any child or person/s.

Yes / No

Signed:

ALTERNATIVE WHĀNAU CONTACT

PERSON:

Name:

Address:

.....

CONFIDENTIALITY STATEMENT:

He Puna Hauora will not collect, record, or disclose any information to any person/s about the Whānau named in this tono without complete and signed consent from the Whānau.

REFERRER TO COMPLETE:

Referrer Name:

Organisation:

Phone:

Email:

Address:

.....

Date of tono: / /

Signed:

OFFICE USE ONLY

DATE TONO RECEIVED: / /

TONO RECEIVED BY:

DATE TONO ACTIONED: / /