

REFERRAL – TARANAKI STOP SMOKING SERVICE

Email completed referral to intake@tuiora.co.nz

Whānau Details					
Ingoa [Name]:				NHI:	
Īmēra [Email]:					
Rā Whānau [Date of Birth]:		Waea [Phone]:			
Kāinga Noho [Address]:		Tuakiri ā-ira [Gender]:	<input type="checkbox"/> Wahine [Female] <input type="checkbox"/> Tāne [Male] <input type="checkbox"/> Irahuhua [Gender Diverse] <input type="checkbox"/> E nohopuku ana [Prefer not to say]		
Mātāwaka [Ethnicity]	<input type="checkbox"/> Māori <input type="checkbox"/> European <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern/Latin America/African <input type="checkbox"/> Pasifika – Please Specify <input type="checkbox"/> Other – Please Specify		Iwi/Hapu:		
Preferred contact method?	<input type="checkbox"/> Waea [Phone]	<input type="checkbox"/> Kuputuhi [Text]	<input type="checkbox"/> Īmēra [Email]	<input type="checkbox"/> Mēra [Post]	
Enrolled with a GP practice?	<input type="checkbox"/> Āe [Y] <input type="checkbox"/> Kao [N]	If Āe (Y) – which practice?	Practice name:		
Hapū? [Pregnant]	<input type="checkbox"/> Āe [Y] <input type="checkbox"/> Kao [N]	If Āe (Y) – midwife?	Midwife name:		
Referrer Details					
Ingoa [Name]:					
Īmēra [Email]:					
Waea [Phone]:		Organisation:			
Date of referral:		Are whānau aware of and consented to referral?	<input type="checkbox"/> Āe [Y] <input type="checkbox"/> Kao [N] <input type="checkbox"/> N/A [self referral only]		
Alerts: (Dangerous dog, infections, safety risks)					