

In Home Strength and Balance (IHSB) Referral

Please fax or email this form to Sport Gisborne Tairāwhiti:
(06) 868 9954 or email to okas@sportgisborne.org.nz

IHSB referral made by:

Name:	Organisation:	Phone:
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IHSB referral is for:

Name: NHI:	Date of Birth:	Ethnicity:
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Address:

Home phone:	Mobile phone:
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Client Consent: *I would like to be referred to the IHSB program and consent to relevant medical information being provided to the IHSB Team.*

Client signature: ***Verbal consent given***

Reason for Referral:

Clients GP Details

GP Name:	Medical Practice:
Fax:	Date:

Referrer sign-off

This client is suitable for the IHSB Program (✓)

Yes
 No (please provide explanation)

Clients Medical Information:

Referrer Name:	Referrer Signature:
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