

# Healthy Housing Referral Form

Well Homes is Wellington region's Healthy Housing initiative (HHI) which aims to assist whanau in making their homes warm, dry and safe.



## Client/Family details:

*Please put patient label here or write in client details*

Full Name: _____ NHI: _____
Address: _____
Postcode: _____

Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  Male  Female  Other \_\_\_\_\_

Parent/guardian names (if client under 18 years): \_\_\_\_\_

Contact number: \_\_\_\_\_ Alternative contact number: \_\_\_\_\_

Email: \_\_\_\_\_ Medical Centre & Dr: \_\_\_\_\_

Preferred method of contact:  Phone  Text  Email  Letter Community services card?  Yes  No

Please note any cultural/language/safety requirements: \_\_\_\_\_

## Children's details

1. \_\_\_\_\_ DOB: \_\_\_\_\_

2. \_\_\_\_\_ DOB: \_\_\_\_\_

3. \_\_\_\_\_ DOB: \_\_\_\_\_

*If more than 3 children, turn page over for more space*

## Housing condition

### Tenure:

Rental  Kāinga Ora  Home owner  Temporary  Other \_\_\_\_\_

Housing concern (i.e. mould, overcrowding, bedroom numbers): \_\_\_\_\_

Have you been seen by Well Homes before?  Yes  No

## Identified Health condition/concern

Are you pregnant?  Do you have a new born?  Respiratory health condition(s)

Skin infections  Rheumatic Fever  Meningitis

Multiple admissions to GP/hospital  Are you currently involved with any social services?

## Consent

### Discuss with client/family

I give permission for Well Homes nurses to access my / my children's health / hospital records

I give permission for Well Homes to phone me to arrange a free in home assessment

Ineligible families will be referred to an alternative housing service

## Referrer's details

Referral date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Phone: \_\_\_\_\_ Organisation: \_\_\_\_\_

Email address: \_\_\_\_\_

**Children s details cont.**

4. _____	DOB: _____
5. _____	DOB: _____
6. _____	DOB: _____
7. _____	DOB: _____
8. _____	DOB: _____
9. _____	DOB: _____
10. _____	DOB: _____