**Referral to the PATHS Programme**

**Please either post or fax to:**

**PATHS Health Coordinator**

**Counties Manukau Health**

**Private Bag 94052**

**Manukau City**

**Auckland 2241**

**Fax: (09) 262 9501**

**Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of referral: / /**

**Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My Patients Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NHI: \_\_\_\_\_\_\_\_\_\_\_\_**

**Also known as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_**

**Patients Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patients contact: Home: \_\_\_\_\_\_\_\_\_\_\_\_mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_email:\_\_\_\_\_\_\_\_\_\_\_**

**Has the patient expressed interest in returning to work? Yes / No**

**To confirm eligibility for PATHS please identify relevant benefit:**

**Job Seekers Support with medical certificate**

**Supported Living payment**

**Sole Parent Support with a health barrier to work**

**Medical Condition(s) stopping your patient returning to the workforce:**