



# Your Way | Kia Roha

## Confirming disability

**Phone:** 0800 758 700 or 0508 447 6275

**Email:** [referrals@yourwaykiaroha.nz](mailto:referrals@yourwaykiaroha.nz)

### Who should use this form?

Anyone who has been referred / self-referring to Your Way | Kia Roha for the first time.

The form must be completed by a doctor or specialist to confirm disability.

Please attach it to the Your Way | Kia Roha Self-Referral or Referral Form or email it to us [referrals@yourwaykiaroha.nz](mailto:referrals@yourwaykiaroha.nz).

If you have any questions, please contact us using the details at the top of this form.

### Section 1 - Person's name and diagnosis

**Full name of person being referred**

**National Health Index Number (NHI)**

**Disability diagnosis**

**Is the person's disability ACC related – Yes / No**

**Does the person live with any other medical, mental health or accident-related conditions?**

### Section 2 - Health professional's details

**Full name / s**

**Organisation**

**Signature**

**Date**

**Confirmation of Diagnosis**