

ACTIVE FAMILIES/TEENS REFERRAL FORM — NORTH SHORE AND RODNEY

1. Please note all fields are compulsory
2. **EMAIL** the referral to [grx@harboursport.co.nz](mailto:grx@harboursport.co.nz) or FAX to 09 415 4594
3. A Family Support Worker will be in touch within 10 working days of receiving the referral
4. Contact Harbour Sport if you have any questions on 09 415 4659

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**Section 1 – Patient Details (All Fields Compulsory\*)**

First Name: [Click here to enter text.](#)

Surname: [Click here to enter text.](#)

Gender:  Male  Female

Date of Birth: [Click here to enter text.](#)

Ethnicity [Click here to enter text.](#)

Weight (If known): [Click here to enter text.](#)

Street Address: [Click here to enter text.](#)

Height (If known): [Click here to enter text.](#)

Suburb: [Click here to enter text.](#)

Postcode: [Click here to enter text.](#)

Home Phone: [Click here to enter text.](#) or Mobile: [Click here to enter text.](#) or Work: [Click here to enter text.](#)

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**Section 2 – Medical Conditions (All Fields Compulsory\*)**

**Patient Medical Conditions (Please list all medical conditions, including weight issues/stress)**

[Click here to enter text.](#)

**Diabetes**

Pre-diabetic (HbA1c 41-49mmol)

T2

T1

**Other relevant information**

[Click here to enter text.](#)

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**Section 3 – Referrer information**

GP/Nurse (If known): [Click here to enter text.](#)

Phone: [Click here to enter text.](#) Extn: [Click here to enter text.](#)

Medical Centre: [Click here to enter text.](#)

Postal Address (If known): [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Please forward to HARBOUR SPORT we will provide you with support and advice. (Details above)