

# Welcome to King Street Artworks

We need some information from you which will help us tell our funders (The Wairarapa DHB) who is coming to King Street and how often. We also need to know who we contact should you have an accident here or need help outside of King Street. Any information you give us is strictly confidential and will not be shared with any one without your permission.

**PLEASE PRINT CLEARLY** (If you need any help with this form please ask a staff member.)

<b>Full Name</b> That appears on your birth or marriage certificate
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<b>Date of Birth</b>	<b>Male</b>	<b>Female</b>	<b>Ethnicity</b>
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<b>Iwi/Whakapapa</b>
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<b>Address</b>
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<b>Mobile Ph.</b>	<b>Home Ph.</b>
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<b>Support Worker:</b>	<b>Contact No:</b>
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<b>Emergency Contact Person:</b>	<b>Contact No:</b>
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<b>How were you referred to King St? (please circle one)</b>				
<b>Adult Mental Health</b>	<b>Child and Adolescent Mental Health (CAMHS)</b>	<b>Pathways</b>	<b>Care NZ</b>	
<b>Te Hau Ora</b>	<b>Supporting Families (SF)</b>	<b>Doctor (GP)</b>	<b>Other Clinician</b>	<b>Family Member</b>
<b>Other community service.....</b>		<b>I am support worker from.....</b>		

<b>Is there anything else we need to know? (EG health issues, disabilities etc)</b>
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It has been explained that King St. needs my National Health Index Number (NHI) to enable them to report to the Ministry of health. I give permission to king Street obtain and use this number and understand that it will be kept strictly confidential and used only for the purpose stated above.

Signed .....Date.....

Staff Member .....Date entered onto database.....

<b>OFFICE USE ONLY -</b>	<b>NHI No-</b>
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