

HOUSING FOR OLDER PERSONS APPLICATION - DOCTOR'S CONSENT FORM

Applicant / Patient consent

I (name of applicant) _____ give consent to my Doctor to provide the information required in section 2.

Signature: _____ Date: _____

Information for the Doctor

Your client has applied for Housing for Older Persons accommodation with Haumaru Housing. This accommodation does not provide warden support or medical care. Residents need to be able to live independently. (Note - tenants can access support services such as meals on wheels).

The accommodation itself is set up as blocks of units which are arranged in a communal setting such as a village. This means residents often interact frequently, live in close proximity to each other, and often share communal grounds, and possibly laundry facilities and any other shared facilities in the village.

Because of the importance of tenants being able to live independently and their ability to live communally, we understand this type of accommodation may not be suitable for everyone.

In order to assess your client's suitability for our type of accommodation, Haumaru is seeking details of any health needs they may have which could affect their ability to live independently (alone) or in a communal setting. It would be appreciated if you could complete the form provided in order to progress your patient's application for housing.

Patient Details (Doctor to complete)

1. Patient Details:

Name of Patient: _____ D.O.B: _____

Patient Address: _____

How long has the applicant been your patient? Years: _____ Months: _____

2. Doctor Details:

Doctor's Name: _____ Phone Number: _____

Address: _____

3. Is your patient able to live independently (if able to access and manage any required support services?) Yes No

4. Is your patient able to live communally? Yes No

5. Has the patient suffered from or is suffering from: (Please tick)

Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease or Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychiatric or Nervous Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Osteoporosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcoholism	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. How does the information provided in (5) affect your patient? / Additional comments:

7. Has your patient any disability that may require special consideration? Yes No

If yes - type of disability and what that consideration is (e.g. ramps required or stairs not suitable):

8. Is your patient receiving help from support services? (Please tick)

District Nurse

Home Help

Psychiatric Support

Meals on Wheels

Other (describe): _____

9. Does your patient smoke? Yes No

10. Please list any issue that would impact on your patient's ability to live in a communal village.

This may include mobility, self-care issues, heavy drinking, or violent / threatening behaviour towards others

11. Doctor Signature

I (name) _____ declare the information I have provided is a true representation of my patient's ability to live independently and communally as at (date) _____.

Signature: _____

NZMC No: _____

Privacy Act Authorisation (to be completed by the applicant)

1. In this authorisation, reference to “I”, “my” and “me” means the applicant who signs this form.
2. I understand that this authorisation relates to personal information about me which I or others provide to Haumaru Housing. I also understand that information collected by Haumaru Housing will be held by Haumaru Housing and that I may access and correct that information by contacting Haumaru Housing.
3. I understand that my information will be used:
 - a. To assess my ability to live independently in a unit at a village unit without causing harm to myself or others;
 - b. For the management, operation, administration, assessment by Haumaru Housing of any agreement I have with Haumaru Housing and any other related purposes; and
 - c. For the purpose of determining whether I need to acquire additional support and care, and
 - d. To inform Haumaru Housing or health professionals of any underlying health issues which they need to be aware of in the event of an emergency occurring after I become a resident.
4. I authorise you to make enquiries of, disclose and obtain any information about me to and from my health practitioner for the purposes listed above, and I also authorise the provision of such information by my health practitioner to Haumaru Housing for such purposes.
5. I understand that Haumaru Housing is relying on the information provided by me in deciding to grant a right to live in a unit at a village.
6. I certify that the information provided by me on the doctor’s consent form of Assessment for independent living is true and correct and I agree to advise you immediately of any change to any such information.

Applicant’s Name: _____

Signature: _____

Date: / /