

Are there any persons of concern to you that we need to know about?

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Have you previously had an ACC Sensitive Claim **Yes/No:**
Details (including claim number if known):

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If you have had contact with ACC, do you give consent for START to contact them regarding your claim history to aid the referral process? **Yes/No**

GP's name and contact details.....
Consent to contact GP if appropriate **Yes/No**

Please indicate days/times you would be **unable** to attend counselling?
Please note that restricted availability for appointments may result in a longer waiting period.

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Any other relevant information (other services involved, issues that might influence counselling...etc)

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Do you want to receive text reminders for your appointments: **Yes/No**

Is it ok to leave telephone messages for you? **Yes / No**

Please telephone us on (03) 355 4414, fax (03) 355 5804 if you have any questions about this referral or require any assistance to complete it. START's postal address: PO Box 21022, Edgeware, Christchurch 8143.

Signed: Date: