



Pensioner Housing Doctor's consent form

Section 1: 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 Pensioner Housing accommodation with the Whangarei District Council. 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, live in close proximity to each other, share communal grounds, and possibly laundry facilities.

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, Whangarei District Council is seeking details of any health needs they may have which could affect their ability to live independently 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.

Section 2: 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

(Including if they are able to access and manage any required support services/in-home support)

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	Yes	No	Arthritis	Yes	No
Heart disease or conditions	Yes	No	Osteoporosis	Yes	No
Respiratory disease	Yes	No	Diabetes	Yes	No
Psychiatric or nervous disorders	Yes	No	Alcoholism	Yes	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

Psychiatric Support

Home Help

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:

Section 3: 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 Whangarei District Council (WDC) and their Tenancy Manager. I also understand that information collected by WDC will be held by WDC and that I may access and correct that information by contacting WDC or their Tenancy Manager.
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 WDC of any agreement I have with WDC and any other related purposes
 - c. for the purpose of determining whether I need to acquire additional support and care
 - d. to inform WDC 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 WDC for such purposes.
5. I understand that WDC 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: