

# GP REFERRAL FORM

## BRYANT RETREAT FOR WOMEN



The Bryant Retreat is for women feeling worn out, run down or exhausted and who simply need some time out for complete rest and relaxation. There are no wellbeing therapies or services offered – just good old-fashioned aroha (care) and nutritious kai (food) in a relaxing and peaceful sea-side environment.

The Retreat is not a health or disability service and cannot provide medical or mental health treatment or support. Guests must be medically and mentally well enough to take care of their own day to day needs. The retreat is not suitable for women who:

- have mental health issues that are not controlled/stable and need mental health management or supervision
- are dependent/withdrawing from drugs, alcohol, or other substances
- need wheelchair access or help to move, wash, toilet, dress or eat
- have bandages/dressings that must be professionally applied or need help to use medical equipment or take medication
- have difficulty relating to others and/or are uncooperative/unpredictable
- have specific food allergies - we can only cater for diabetic, vegetarian, dairy/gluten intolerant diets (not coeliac disease)

### GP DETAILS AND APPLICANT CONSENT

This form must be completed by a GP with the applicant's input and consent. The applicant and/or GP will hear back on the outcome within approximately three weeks, and it can take up to 12 weeks for a place at the Retreat to become available. Please discuss this up-front to avoid worry or disappointment.

GP Name:		GP NZMC number:	
Practice:		Phone:	
Email:		Fax:	
GP's preferred method of contact: <input type="checkbox"/> phone <input type="checkbox"/> email			

I confirm that the applicant:

- consents to this application
- is happy for the Trust to contact her, me and other professionals named in this application if more information is needed
- understands that the Trust will keep this information confidential

## APPLICANT DETAILS

First name:		Surname:	
Birth date:		NHI number:	
Postal address:			
Preferred contact phone number:		Alternative contact phone number:	
Email:			
Ethnicity:			
Emergency contact name:		Relationship:	
Mobile number:		Alternative number:	

Can the applicant attend the Retreat at short notice?

- Yes
- No

## REFERRAL DETAILS

What is the reason for the referral?

	YES	NO	If yes, please provide further details
Is there anyone that the applicant does not want to see/talk to during her stay?			
Is there any history of suicide attempts?			
Does the applicant wear a medic alert bracelet?			

Does the applicant have any other **current** health issues (that do not require medication) that the Retreat team should know about to ensure the safety of the applicant, for example:

- Severe allergies
- Memory issues
- Mobility issues
- Other

Please provide further details:

Does the applicant currently take any medication?

- Yes
- No

If yes, please list ALL CURRENT medications the applicant takes and what they are for:

Medication	Reason for medication

Please tick any support that the applicant is currently receiving:

- Counsellor
- Social/family worker
- Psychologist/psychiatrist
- Other

Please provide further details of support provided, including contact details:

Does the applicant consent for the Bryant Trust to contact this person/these people?

- Yes
- No

Please tell us if the applicant needs any of the diets below (note: we cannot cater for any other diets, food allergies or special food preparations outside of these e.g. celiac disease)

- |  |   |
|--|---|
| <input type="checkbox"/> Vegetarian        | <input type="checkbox"/> Dairy-intolerant |
| <input type="checkbox"/> Gluten-intolerant | <input type="checkbox"/> Diabetic         |

Thank you for your referral. Please check that you have completed the form as fully as possible to enable us to assess the application, before emailing to [retreat@bryanttrust.co.nz](mailto:retreat@bryanttrust.co.nz)

***Thank you from the team at Whare Hauora Waahine - the Bryant Trust Retreat for Women.***