

# 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 care 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)
- have difficulty interacting with people they don't know

## 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 I may receive feedback on her stay at the Retreat
- understands that the Trust will keep this information confidential
- is fully vaccinated and understands that she will need to present a current vaccine passport

## APPLICANT DETAILS

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

Does the applicant have dependent children/adults in their care?

- Yes  
 No

If yes, number and ages: \_\_\_\_\_

Has the applicant stayed at the Retreat before?

- Yes, please advise when \_\_\_\_\_  
 No  
 Yes, under the name of \_\_\_\_\_

Can the applicant attend the Retreat at short notice?

- Yes  
 No

## REFERRAL DETAILS

What is the reason for the referral?

January 2022

What are the applicant's goals for her stay in the retreat? \*

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	YES	NO	If yes, please provide further details
Is there anyone that the applicant does not want to see/talk to during her stay?			
Are there any current addiction issues?			
Is the applicant in need of mental health support?			
Is there any history of suicide?			
Does the applicant wear a medic alert bracelet?			
Does the applicant require supervision with medications?			
Does the applicant manage her medicated health issues well and responsibly?			

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

January 2022

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:

- |   |  |
|---|--|
| <input type="checkbox"/> Severe allergies | <input type="checkbox"/> Wounds                      |
| <input type="checkbox"/> Memory issues    | <input type="checkbox"/> Ability to relate to others |
| <input type="checkbox"/> Mobility issues  | <input type="checkbox"/> Obesity                     |
| <input type="checkbox"/> Other            |  |

Please provide further details:

Please tick any support that the applicant is currently receiving:

- |   |  |
|---|--|
| <input type="checkbox"/> Counsellor           | <input type="checkbox"/> Psychologist/psychiatrist |
| <input type="checkbox"/> Social/family worker | <input type="checkbox"/> 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.***