

Disability Support Solutions

We'd like to know how best to support you when you are in our care.

I need a walking frame

Face me when you're talking to me



Please tell us about solutions that work for you. These might be around supporting self-management, equipment or technology you use, room arrangement, physical support or anything else you'd like staff to know.



We will put the information on your DHB electronic patient file to create a Disability Alert.

Name: _____ NHI: _____

Date of Birth: ____/____/____ Contact (email, phone, text): _____

Hearing

I am Deaf or hard of hearing eg. require an interpreter, wear hearing aids during the day, lip read, people to face me when speaking, write things down.

Things that work for me:

Seeing

I am Blind or have low vision eg. have a guide dog, use a cane, require a reader / writer.

Things that work for me:

Speaking

I have difficulty speaking or being understood eg. use support documents, use technology, need time to respond, write my communication, require an interpreter.

Things that work for me:

Physical

I have a physical or mobility impairment eg. use a wheel chair, require a hoist to transfer to a bed, need assistance when walking long distances, need extra time.

Things that work for me:

Turn over to complete form

Mental Health

I experience long term mental health issues eg. have an ongoing mental health condition, require a specific environment and / or specific strategies when in distress.

Things that work for me:

Learning & Remembering

I have a learning / intellectual disability or memory impairment eg. stroke, alzheimers, require information to be written down, easy read information, require a support person

Things that work for me:

Chronic Condition or Health Problem

I have a condition that does not fit in any other category eg. Diabetes that requires insulin at certain times of the day, COPD and require special equipment.

Things that work for me:

Is there anything else you want us to know about you?

Would you like us to share this information with your GP? **yes** **no**

Health Passport

Do you have a Health Passport? **yes** **no**

Would you like one? **yes** **no**

If **yes**, please write postal address below:



If you have a question, would like help or you have completed this form please contact:

phone 0800 DISABILITY | 0800 347224

email srdag@sidu.org.nz

post Disability Responsiveness, Private Bag 7902,
Newtown, Wellington, 6022