WBoP Health and Wellness Services
154 First Avenue West
Tauranga 3110
P: 07 571 2100 **F:** 07 578 2657

Referral Form

SELF-MANAGEMENT GROUP EDUCATION

Please complete the details below and fax to **Fax 07 578 2657**					
Name			NHI		
DOB		Ethnicity		Gender	M / F
Address-					
Home phone-					
Cell phone-					
Email-					
GP name and Practice-					
Please tick the relevant course:- ☐ Type1 Diabetes ☐ Type 2 diabetes ☐ On insulin ☐ Mindful Eating (Emotional eating) ☐ Lifestyle Wellness- Toi Ora (Weight management**,** pre-diabetes, raised cholesterol)					
Comments-					
Referrer name/organisation:					
Signature:			**Date:**		