

**CAREWAY Services** Careway is an ACC funded programme that provides injured New Zealanders with better and faster access to free healthcare services including diagnosis, treatment and recovery.

**Patient Details**

Print Name (in full)	<input type="text"/>		
Email Address	<input type="text"/>	Mobile/Phone	<input type="text"/>
NHI Number (if known)	<input type="text"/>	Date of Birth	<input type="text"/>
Occupation	<input type="text"/>	Employer	<input type="text"/>
Do you work for an accredited employer? (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
What type of work do you do?			
<input type="checkbox"/> Sedentary <small>(brief standing and walking)</small>	<input type="checkbox"/> Light <small>(mainly standing and walking)</small>	<input type="checkbox"/> Medium <small>(often lift 5kg plus)</small>	<input type="checkbox"/> Heavy <small>(often lift 9kg plus)</small>
<input type="checkbox"/> Very Heavy <small>(often lift 22kg plus)</small>			

**GP and ACC funded providers consent** You consent to us advising your family doctor (GP) and, if you are receiving other ACC funded services, you consent us to contacting them and advising them of your entry into the Careway Programme.

Name of Family Doctor's GP Practice	<input type="text"/>
Name of Your Family Doctor (GP)	<input type="text"/>

**Privacy** Careway complies with the Health Information Privacy Code 2020. All personal information is protected by the Privacy Act 2020. By Law, we must retain your health information for 10 years. You have the right at any time to access, check and correct, or ask for a copy of any health information about you held by Careway. You consent to Careway sharing relevant information that is related to your healthcare and is required by the third parties such as ACC, and for quality and audit purposes. You consent for Careway to communicate with you about your healthcare on the email or/and phone number below. You acknowledge that you understand, and agree to, the Careway Privacy Statement.

**Consent to receive Careway Services** You consent to entering the Careway programme. You acknowledge that you have received information about and understand the services that will be made available to you as part of the Careway programme. You agree to only access these services from Careway Providers.

<input type="checkbox"/>	<b>I agree to the Careway Privacy Statement and to access available services from Careway Providers only while on Careway Programme. I agree that to the best of my knowledge, the information I have provided to Careway is correct.</b>		
<small>For patients under 18 years of age, the Guardian must complete this section on patient's behalf.</small>			
Please Sign Here (or type your name if you are completing this form electronically) <input type="text"/>			
Print Name (in full)	<input type="text"/>	Today's Date	<input type="text"/>
Relation to the Patient (please state here if you are signing this consent form as patient's Guardian)		<input type="text"/>	

**Selected Careway providers** Please state which Careway providers you have selected for your care while on Careway pathway. This allows us to inform all selected providers that you have been accepted onto Careway pathway. You can view the full list of providers on our website: [www.careway.co.nz/providers](http://www.careway.co.nz/providers)

<input type="checkbox"/> Physiotherapist	Name of Physiotherapist	<input type="text"/>
	Name of Physio clinic	<input type="text"/>
<input type="checkbox"/> Surgeon (if required)	Name of Surgeon	<input type="text"/>
<input type="checkbox"/> Sports Physician (if required)	Name of Sport Physician	<input type="text"/>