

Confirming your disability

Who should use this form?

If it's the first time you have worked with AccessAbility, please ask your doctor or specialist to fill out this form to confirm your disability, then attach it to your Application for a Needs Assessment.

If you have any questions, please contact us using the details at the top of this form.

1. Person's disability

Full name:	National Health Index Number (NHI):
Disability diagnosis:	
Is the person's disability ACC related? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the person live with any other medical, mental health or accident-related conditions? If so please describe:	

2. Health professional's details

Full name:	Organisation:
Signature:	
Date:	

Taranaki office

Kings Building, 36 Devon Street West
PO Box 8377, New Plymouth 4342

Whanganui office

244 Victoria Avenue
Whanganui 4500

Otago/Southland office

Burns House, 10 George Street
PO Box 966, Dunedin 9054