|  | | | **ENAP1001** | **ENABLE NEW ZEALAND**  **EQUIPMENT HIRE REQUEST**  **palliativecareorders@enable.co.nz**  **0800 222 656** | | | | | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY - JDE # Client** | | |  | | | **OFFICE USE ONLY - JDE # Assessor** | | | |  | |
| **REGISTERED EMS ASSESSOR DETAILS** | | | | | | | | | | | |
| **Name** | | |  | | | **Email** | |  | | | |
| **EMS Assessor Number** | | |  | | | **Work Location** | |  | | | |
| **Assessor Contact Telephone Numbers** | | | | | | | | | | | |
| **CLIENT DETAILS** | | | | | | | | | | | |
| **NHI** | | |  | | | **Date of Birth** | |  | | | |
| **Family Name** | | |  | | | **Gender** | | Male  Female | | | |
| **First Name** | | |  | | | **Ethnicity** | |  | | | |
| **Street Address** | | |  | | | **Weight (kg)** | |  | | | |
| **Suburb** | | |  | | | **Height (cm)** | |  | | | |
| **Town/City** | | |  | | | **Is there a smoker in the property?** | |  | | | |
| **DHB Funding**  (Select from dropdown list) | | | **Palliative** | | |
| **Telephone** | | |  | | | **NOK Name** | |  | | | |
| **Consultant/Specialist** | | |  | | | **NOK Phone** | |  | | | |
| **Diagnosis/Prognosis** | | |  | | | | | | | | |
| **DELIVERY DETAILS** | | | | | | | | | | | |
| Please indicate a delivery address  **Client**  **Relocation**  **Other** (if ticked, please provide details below) | | | | | | | | | | | |
| **Delivery Instructions** (considerations regarding site access) | | | | | | **Name** | | |  | | |
|  | | | | | | **Street Address** | | |  | | |
| **Suburb** | | |  | | |
| **Town/City** | | |  | | |
| **Urgency** | | |  | | |
| **HIRE EQUIPMENT DETAILS** | | | | | | | | | | | |
| **ENABLE NZ TO COMPLETE** | | **Description/Size/Type** | | | | | **Quantity** | **Assembly Instructions** | | | |
| **Asset#** | |
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| **OTHER CONSIDERATIONS (client/family circumstances)** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Date** |  | | | | **Time** |  | | | | | |

The Registered Assessor is responsible for ensuring the client receiving the equipment is able to use the equipment safely and authorises Enable New Zealand to use/disclose information as required but within the limitation of any New Zealand laws.