|  | **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 Greymouth Hospital** |
| **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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|       |       |       |       |
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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.