

Epilepsy New Zealand
Northland Branch
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EPILEPSY NEW ZEALAND®
 THE NATIONAL EPILEPSY ASSOCIATION OF NEW ZEALAND
kia titiro ki te tangata - see the person

REFERRAL TO EPILEPSY NEW ZEALAND:

For individual and family epilepsy education and support

Referred By:	
Organisation:	Position:
Date of referral:	
Name of person being referred:	
Date of Birth:	
Address:	
Phone:	Mobile:
Next of Kin:	Relationship:
Contact Details: (If different to above)	
Reason for Referral:	
Other Agencies Involved:	
If Known -	
GP:	
Specialist:	
Medication:	