

Affix Patient Identification label here

HOME HEALTH CARE REFERRAL

This referral cannot be actioned if there is insufficient supporting information. Please fax the completed referral to 09-2704733 (int. 2733) or contact 09-2704730 (int. 2730) for further information.

<p>Client Information</p> <p>Date of Referral: _____</p> <p>Surname: _____</p> <p>First Names: _____</p> <p>NHI: DOB:..... M .. F ..</p> <p>Interpreter: Yes .. No .. NZ Resident: Yes .. No ..</p> <p>Client consent for referral Yes .. No ..</p> <p>Insurer</p> <p>ACC/Insurer No. _____</p>	<p>Service Required</p> <p>DN .. DT .. OT ..</p> <p>PT .. SLT .. SW ..</p>
<p>Visiting Address</p> <p>_____</p> <p>_____</p> <p>Ph No. _____ Alt No. _____</p> <p>Directions if needed: _____</p> <p>_____</p>	<p>Reason for Referral</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Caregiver or Next of Kin</p> <p>Name: _____</p> <p>Ph/Contact: _____</p> <p>Relationship: _____</p>	<p>Diagnosis/es Client informed of diagnosis ..</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>GP Identification</p> <p>Name: _____</p> <p>Phone: _____</p>	<p>Relevant Medical History (incl type & date of surgery/injury, complications & wound description)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Referrer Details</p> <p>Name: _____</p> <p>Designation: _____</p> <p>Ward/Unit/Service: _____</p> <p>DHB/Hospital/PHO: _____</p> <p>Phone/Locator: _____ Fax No: _____</p>	<p>Current Treatment</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Living Arrangements/Supports</p> <p>_____</p> <p>_____</p>	<p>Medication to be administered</p> <p>_____</p> <p>_____</p> <p>Date of hospital admission _____</p> <p>Date of discharge from hospital _____</p>
<p>Alert/risks - dogs, family violence, sub. abuse</p> <p>_____</p> <p>_____</p>	<p>Functional limitations</p> <p>_____</p> <p>_____</p>
	<p>Other services already in place</p> <p>_____</p> <p>_____</p>
	<p>Other attachments</p> <ul style="list-style-type: none"> .. Admission/Discharge planner .. Care plan/Assessments .. Family meeting minutes .. Falls risk assessment .. Prescription .. Wound monitoring form .. Bartel/Outcome measures