COUNTIES MANUKAU DISTRICT HEALTH BOARD
A Community Partnership

Affix patient's identification label here

KIDZ FIRST COMMUNITY HEALTH REFERRAL FORM

Date ________________ & Time ________________ of Referral

Service referring to (see below): ________________

CLIENT DETAILS

LAST Name: ________________ Parent/Caregiver: ________________ Ph: ________

First Name: ________________ Other Contact: ________________ Ph: ________

A.K.A: ________________ GP: ________________ Ph: ________

DOB: ________ Sex: ______ NHI: ________ School: ________________

Address: ________________ School Phone: ________________ Room No: ________

________________ Dog at home: Yes ☐ No ☐

________________ Transport: Yes ☐ No ☐

Ethnicity: Eur/Pakeha ☐ Maori ☐ Pacific Is. ☐ Asian ☐ Other ________________

Country of Birth: ________________ Language Spoken: ________________

NZ Resident: Yes ☐ No ☐ Date of Entry into NZ (if known) ________________

REASON FOR REFERRAL (P.T.O. if required) REPORT ATTACHED ☐

Duration of concerns: ________________

Do Parents/Caregiver/Student know of: Referral? Yes ☐ No ☐ Your Concerns? Yes ☐ No ☐

REFERRAL SOURCE - External M. of Ed. Spec. Ed.

School ☐ G.P. ☐ M. of Ed. Spec. Ed. ☐ C.Y.F. ☐ Other DHB ☐

Well Child Provider ☐ Self Referral ☐

Parent/Caregiver ☐ Other ☐ ________________ (please specify)

Internal

☐ EC
☐ Maternity
☐ Ward
☐ Neonatal
☐ Other
____

Name: ________________
(please print)

Signature: ________________
(of Referrer)

Designation: ________________ Contact Details: ________________

PLEASE FAX REFERRAL TO ONE OF THE FOLLOWING:

SERVICE

☐ Kidz First Centre for Youth Health Ph: 261 2272 Fax: 261 2273

☐ Kidz First Child Development Ph: 263 0792 Fax: 263 0539

All referral for Primary Nocturnal Enuresis
Fax: 09 237 0670
Post: Public Health Nurses Office, Pukekohe Hospital, Tuakau Road, Pukekohe

☐ Kidz First Public Health Nursing

☐ Mangere Ph: 259 3851 Fax: 267 7776
☐ Manurewa Ph: 259 3851 Fax: 267 7776
☐ Otara/Papatoetoe Ph: 270 9060 Fax: 270 9061
☐ Howick/Pakuranga Ph: 270 4703 Fax: 270 4712
☐ Papakura Ph: 295 1280 Fax: 295 1277
☐ Pukekohe Ph: 09 237 0660 Fax: 09 237 0670
☐ Vision/Hearing Ph: 09 259 3854 Fax: 09 267 7776

DATE ENTERED ☐

Re-Order No. KIDZ017 January 2011

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OTHER AGENCIES INVOLVED

C.Y.F. ☐ M of Ed Spec Ed ☐ R.T.L.B. ☐ ACC ☐ OTHER ☐

S.W.I.S. ☐

DATE/TIME	ADDITIONAL NOTES

COUNTIES MANUKAU DHB USE ONLY

Accepted ☐ Priority of action ☐ Within 0-72 hours ☐ 1-2 weeks ☐ 1 month ☐

Rating of referral Rating 1 ☐ Rating 2 ☐ Rating 3 ☐

Declined ☐ Advised to refer on to ____________________ (please specify)

Referral source notified Verbally ☐ In writing ☐

Date ____________________

Name (please print)	Signature

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