Waitemata District Health Board
Best Care for Everyone

Slark Hyperbaric Unit
Waitemata District Health Board
PO Box 32051
Devonport
Auckland 0744
Phone: 64 (09) 4872212

REFERRAL FORM FOR HYPERBARIC TREATMENT

Patient Name: **NHI:** **D.O.B**

Address: **Pt Contact phone numbers:**

Referring consultant :
Contact number :

Reason for referral:

Current medications:

Any known drug allergies:

Date of recent chest x-ray (insp AND exp): The patient will need to have had a X-Ray done in the past 6 months and the results faxed to Dr Chris Sames (09)4457016 prior to starting treatment.

For ACC pts we need:

ACC 45:
or
claim number:

This for SHBU use only		
No. of Tx	TCM	CXR

Please direct any questions to our clinical coordinator, Marion Francombe, on (09)487 2212 **PLEASE email THIS FORM TO mailto:Chris Sames (WDHB) <Chris.Sames@waitematadhb.govt.nz>; Marion Francombe (WDHB) <Marion.Francombe@waitematadhb.govt.nz>**