



COUNTIES  
MANUKAU  
HEALTH



Healthy  
Together  
INTEGRATED CARE

Affix patient identification label here

**COMMUNITY HEALTH SERVICE REFERRAL** (formerly known as Home Health Care)

This referral cannot be actioned if there is insufficient supporting information.  
Please fax completed referral to (09) 270-4733 Int. 52733 or contact (09) 277-3440 for further info.

**Client Information**

Date of Referral: \_\_\_\_\_

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

NHI: \_\_\_\_\_

D.O.B: \_\_\_\_\_ M  F

Interpreter: Yes  No  NZ Resident: Yes  No

Client consent for referral: Yes  No

ACC/Insurer No: \_\_\_\_\_

**Visiting Address**

\_\_\_\_\_

Ph No. \_\_\_\_\_ Alt No. \_\_\_\_\_

Directions if needed: \_\_\_\_\_

**Caregiver or Next of Kin**

Name: \_\_\_\_\_

Ph/Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

**GP Identification**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Referrer Details**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Ward/Unit/Service: \_\_\_\_\_

DHB/Hospital/PHO: \_\_\_\_\_

Phone/Locator: \_\_\_\_\_

Fax No: \_\_\_\_\_

**Living Arrangements/Supports**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Alerts/risks** – dogs, family violence, sub. abuse

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Service Required** (please ✓)

DN  DT  Home Help  MOW

OT  PT  SLT  SW

**Reason for Referral**

\_\_\_\_\_

**Diagnosis/es** Client informed of diagnosis

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Relevant Medical History** (incl. type and date of surgery/injury, complications & wound description)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Treatment**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medication to be administered**

\_\_\_\_\_

\_\_\_\_\_

Date of hospital admission \_\_\_\_\_

Date of discharge from Hospital \_\_\_\_\_

**Functional Limitations**

\_\_\_\_\_

\_\_\_\_\_

**Other services already in place**

\_\_\_\_\_

\_\_\_\_\_

**Other Attachments** – please tick and add these

- Admission/Discharge planner
- Care plan/Assessments
- Family meeting minutes
- Falls risk assessment
- Prescription
- Wound monitoring form
- Waterlow score