

patient referral form

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patient details - if patient label is attached, please fill remaining details below

Referral date _____

Patient NHI _____

Date of Birth _____

Patient name

Title _____

First name _____

Last name _____

Patient gender

Male Female Other

Ethnicity

- | | |
|--|--|
| <input type="radio"/> New Zealand European | <input type="radio"/> Tokelauan |
| <input type="radio"/> Māori | <input type="radio"/> Fijian |
| <input type="radio"/> Samoan | <input type="radio"/> Other Pacific people |
| <input type="radio"/> Cook Island Māori | <input type="radio"/> Chinese |
| <input type="radio"/> Tongan | <input type="radio"/> Indian |
| <input type="radio"/> Niuean | <input type="radio"/> Other Asian |
| <input type="radio"/> Other (please specify) | |
- _____

Service Location

Inpatient (specify): _____

DHB Outpatient Clinic (specify): _____

Community

ACC

Claim no. (if applicable) _____

Date of injury _____

Contact details

Street address _____

Town/City _____

Postcode _____

Phone _____

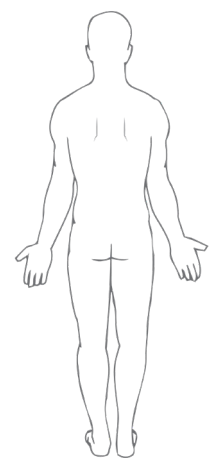
Email _____

Alternative contact details

Name _____

Phone _____

diagnosis & treatment required - please indicate affected body area below



Referrer

Referrer name _____ Department _____

Phone or email _____ Service _____

Peke Waihanga Orthotic Service

patient referral form

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referral pathway

Is the orthosis for a **functional deficit due to a permanent disability** (i.e. long-standing stroke) and likely to be **required for more than six months**?

No

Yes

Use [Peke Waihanga orthotic referral](#) for:

- Any need likely to last less than 6 months
- Post-surgery
- Diabetes related
- A personal health condition (e.g. arthritis, result of ageing)
- For an exacerbation of medical condition
- An injury

Refer to MoveMe Health using [MoveMe Health \(Orthotic Centre\) online portal](#)

Note:

The majority of orthotic patients in the hospitals would be defined as **personal health patients** and therefore would require Peke Waihanga referral for orthotics.

If in the uncommon situation that **disability support services** orthotics are required as an inpatient, the patient should be referred to MoveMe Health via their online portal for an outpatient appointment.

referral triage - for Peke Waihanga use only