

Referral Form

10/13 JD

Referral to: Outpatients Emergency Dept State speciality Community Health Date / / dd/mm/yy

Preferred title: Mr Mast Mrs Miss Ms

Gender: MALE FEMALE NHI number

Surname including aliases, previous names etc.

NZ Resident? Yes No

Given name

Patient's telephone number:
Home Work

In the case of children, name(s) of parents and/or guardian(s) and/or caregiver(s).

Name and telephone number of alternate contact person:

Patient's postal address

Date of birth dd/mm/yy Age

Patient's usual street address

Result of an accident? Yes No Work related? Yes No

Accident date dd/mm/yy Work accredited Yes No employer?

Has there been a hospital admit/A and E attendance related to this referral?
Yes No If yes, please state hospital and discharge date:

Claim No.

Employer

NAME and PRACTICE of USUAL G.P. (if different from referrer)

CLINICAL REQUIREMENTS

Community health professional (if requested) DN Physio OT Dietitian Social Worker W Chair Therapist Ear Nurse Speech Therapist
Interpreter required? Yes No Language:

Diagnosis/problem/reason for referral (Please use additional sheets if required) (Medical or Surgical referral if there is ambiguity)

Clinical problems (presenting symptoms and duration, associated medical conditions, including past and family histories, physical findings, social circumstances)

Include disability or transport problems

Current medication/interventions and known allergies

Details of recent tests or investigations undertaken (within approximately one month).

Lab/x-ray/other assessments	Where done	Results available from/attached
<input type="text"/>	<input type="text"/>	<input type="text"/>

Categorisation as per Midland Health waiting time criteria - to be confirmed by specialty service/Community Health Priority (Note: patients who are considered to be immediate, acute or category one require a telephone call to arrange assessment/admission with the specialty service).

Name of referrer Signature

Practice address Practice telephone

Client knows about referral? Yes No

CLINIC USE ONLY Appointment time Appointment date SMO referred to