SUPPORTLINKS
Nga Kaupapa Haua

Ver 1.8 Apr 2019

Supportlinks Referral Form

☐ Short Term Home Help Support ☐ Long Term Support ☐ Mental Health & Addiction Support
☐ Discharge Package of Temporary Support ☐ Community Package of Temporary Support

IF HELP IS NEEDED AS A RESULT OF AN ACCIDENT PLEASE REFER TO ACC.

Referrer Details			
Referrer		**Phone**	
Position		**Date of Referral**	
Client Details			
NHI Number		**Title**	
First Names		**Surname**	
Gender	☐ M ☐ F	**Date of Birth**	
Ethnicity		**Phone No**	
Address		**Town**	
Cultural Considerations		**GP Practice**	
NOK/Contact/EPOA		**Relationship**	
EPOA Enacted?	☐ Yes ☐ No	**EPOA/Contact/NOK Phone No**	
CSC Card # (Long Term HM Only)	**Number**	**Inpatient?**	☐ Yes ☐ No
	XP Date		

Height and Weight (Last 30 Days - Long Term Only):				**Has the person consented to the Referral?** ☐ Yes ☐ No
Height		**Weight**		

Does the client currently receive assistance from other sources?			☐ Yes ☐ No
If yes who from?	☐ **ACC** ☐ **Mana Whaikaha** ☐ **MASH** ☐ **DALCAM**	☐ **Other Agency**	
What other services do they receive?			

Reason for Referral	**Diagnosis (or attach list)**

Discharge Packages of Temporary Support – Inpatient Only				**Discharge Date:**	
POTS Start :		**POTS End :**		**POTS Package:**	A ☐ B ☐ C ☐ D ☐

Social Situation – Lives Alone ☐ With Others ☐	
Comments :	

Supportlinks, Health on Main, 575 Main Street, Palmerston North or PO Box 2056, Mid Central Health, Palmerston North
Phone: 0800 221 411 or 06 350 6671 Fax: 06 356 5033 Email: supportlinks@supportlinks.org.nz

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Medication Support ☐ Independent ☐ Prompting/Supervision ☐ Administration ☐ Blister Packed	
Comments :	
Medications (Long Term Only) – Attach List	
Comments :	
Pain/Discomfort ☐ Yes ☐ No - Controlled with Medication ☐ Yes ☐ No	
Comments :	
Hygiene ☐ Independent ☐ Assist ☐ Dependent ☐ Help with Toilet ☐ Help with Dressing	
Comments :	
Elimination ☐ Continent ☐ Incontinent ☐ Pads/Catheter/Other ☐ Ostomy	
Comments :	
Mobility ☐ Independent ☐ Walks with Aid ☐ Wheelchair Dependant ☐ Confined to Bed	
☐ Hoist ☐ Falls ☐ Two Person Assist	
Comments :	
Cognition/Behaviour ☐ Alert and Orientated ☐ Confusion Present ☐ Memory Impairment	
☐ Aggression ☐ Safety Issue	
Comments :	
Communication Barriers ☐ Vision Problems ☐ Aphasic/Dysphasic ☐ Hearing Problems	
☐ English not First Language ☐ Interpreter Needed	
Comments :	
Worker Safety/Risks ☐ Infections ☐ Dogs at Home ☐ Smoking ☐ Alcohol/Drugs	
☐ Bariatric ☐ Environment	
Comments :	
Mental Health and Addiction Only (required)	
☐ MH Addiction Risk Assessment (attach) ☐ Individual/Integrated Treatment Plan (attach)	
☐ Key Worker Involvement - Name :_____	
Comments :	

If you receive this fax in error, please treat it as confidential and advise us immediately by fax or telephone.

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