MidCentral District Health Board
Te Pae Hauora o Ruahine o Tararua

PATIENT ID LABEL

PUBLIC HEALTH SERVICE REFERRAL FORM

Phone (06) 350 4560 • Email schoolhlth@midcentraldhb.govt.nz

Please note: If a referral is received after 12 midday, it will not be followed up until the following day, Monday to Friday, unless indicated.

Family name:	First name:	
Address:	Town/City:	
Date of Birth:	Gender:	
Family doctor & practice name:	Ethnicity:	
School:	Room:	
Parent/Caregiver:	Parent/Caregiver email:	
Relationship to child/young person:		
Contact no's: Cell:	Home:	Work:
Client/Parent/Caregiver made aware of referral: ☐ **Yes** ☑ **No**	Date of consent to refer:	

FOR REFERRER'S USE ONLY (TICK HEALTH CONCERN/S AS REQUIRED)

- ☐ Behavioural concern
- ☐ Concentration
- ☐ Diagnosed allergy
- ☐ Discharge from ears
- ☐ Hearing problem **(attach ENROL report)**
- ☐ Quit smoking request
- ☐ Soiling
- ☐ Speech development concern
- ☐ Suspected Infection / Communicable Disease
- ☐ Vision problems **(attach ENROL report)**
- ☐ Wetting
- ☐ Other:
- ☐ Breathing concern
- ☐ Contraception assessment request
- ☐ Dietary issue
- ☐ Health education session
- ☐ Medical / Medication advice
- ☐ Sexual Health concern
- ☐ Sores / Itchy skin or head
- ☐ Suspected abuse / Neglect / Violence
- ☐ Truancy / Absenteeism support
- ☐ Vomiting / Diarrhoea

Presenting concern *(brief description of the problem)*:

Referrer's Name:	Designation:	Key contact for child at school:
Referrer's Email:	Date/Time:	

FOR PHN USE ONLY:

Client/Parent/Caregiver agree/disagree that information can be shared with the school *(please circle)*.

Public Health Nurse signature ..... Date:

FOR OFFICE USE ONLY:

Time received: Date received: Signature .....

PHN contacted (name): Date:

Key Worker open: C01.02/C03.05/4660/R259/SH01.03 Check for existing file.

PRIVACY INFORMATION:

Information from this form will be stored in note form and on a computer and may be used for onward referral purposes. Consumers have the right to view any information MidCentral DHB holds.

BINDING MARGIN – NO WRITING