MIDCENTRAL HEALTH

PATIENT ID LABEL

BARCODE AREA

PUBLIC HEALTH SERVICE REFERRAL FORM

Phone (06) 350 4560 • Fax (06) 350 4561 • 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:	
Contact numbers:	Work:	Home:	Cell:
Date of Birth:		Gender: Male Female *(circle)*	
Family doctor:		Ethnicity:	
School:			Room:
Parent/Caregiver:			
Relationship to child/young person:			
Client/Parent/Caregiver made aware of referral:	School to complete ☐ Yes ☐ No Date		

FOR REFERRERS 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
- ☐ 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
- ☐ Other .....

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

Referrer's Name:	Designation:	Key contact's name:
Signed *(School/Provider)*:	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) ..... Faxed time ..... Date .....

Key Worker open ..... CO1.02/4660/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 Health holds.

BINDING MARGIN – NO WRITING