

THINK Hauora Services Referral



Name: _____ **NHI:** _____
Address: _____ **Phone (H):** _____
DOB: _____ **Phone (C):** _____
Ethnicity: _____ **Gender:** _____
Community Services Card: _____ **Iwi/Hapu:** _____
NOK relationship: _____ **Next of Kin (NOK)/Guardian:** _____
NOK Phone: _____

Patient GP & Practice: _____ **Referrer Organisation:** _____ **Referrer Phone:** _____
Referrer Name: _____

Reason for Referral (please provide complete details): _____ **Date:** _____

Medications:

Long Term Conditions (Cardiovascular, Diabetes, Respiratory, Cancer, Mental Health, other):

ANY Identified Hazards/Safety/Security concerns staff should be aware of:

Clinical Information: (required information for referral to services marked with a ●)

Smoker: _____ **Height:** _____ **Weight:** _____ **BMI:** _____ **BP:** _____ **CVRA:** _____
HbA1c: _____ **FEV1:** _____ **FVC:** _____ **K10 Score:** _____ **Biochemistry Attached?** _____

Is the patient/client aware of referral and agrees that relevant health professionals may be contacted? Yes/No

Who else is involved in this patient's care and have any other referrals been made?

Is an interpreter required? Language required:

Service being referred to:

●	Diabetes Podiatrist	<input type="checkbox"/>		Te Ara Rau (Primary Mental Health)	<input type="checkbox"/>
●	Clinical Dietitians	<input type="checkbox"/>		Community Support Worker (Tararua)	<input type="checkbox"/>
●	Physical Activity Educator (PAE's) /Clinical Exercise Physiologists (CEP's)	<input type="checkbox"/>		Petals (Horowhenua)	<input type="checkbox"/>
●	Pasifika Health Service (CCN-LTC and Maternal Child and Health)	<input type="checkbox"/>		Living a Health Life / Stanford Course	<input type="checkbox"/>
●	Long Term Conditions - CCN-LTC	<input type="checkbox"/>	●	Cardiac Rehab	<input type="checkbox"/>
●	Respiratory Physiotherapist	<input type="checkbox"/>			<input type="checkbox"/>

Please Fax to THINK Hauora (06) 354 6107 or Horowhenua (06) 367 6434

Please contact **THINK Hauora** for specific referral criteria— phone (06) 354 9107