

# Referral Form to:

Health and Wellness Services. 154 First Ave West, Tauranga.

fax 07 5782657; tele 07 571 2100; email philippas@wboppho.org.nz

Patients Name:		Date of referral:	
Address:			
Mobile Phone No:		Ethnicity:	
NHI:		High Need? (circle) Y/N	
DOB	Age:	Gender:	
<u>Services (please indicate)</u> GP outreach Whanau <input type="checkbox"/> Nursing Services Whanau Cancer Nursing Services <input type="checkbox"/> GP outreach Mainstream <input type="checkbox"/> Nursing Services Dietetic services <input type="checkbox"/>		<u>Reason for referral, tick relevant boxes:</u> <input type="checkbox"/> Home assessment and coordination with social services, curtain bank etc <input type="checkbox"/> Intensive follow up for frequent ED or inpatient attenders <input type="checkbox"/> Screening follow up for those patients who have failed to attend General Practice, <i>circle specific screening required</i> (cervical, breast screening, CVDRA) <input type="checkbox"/> Monitoring of health condition e.g blood pressure ( specify in comment box) <input type="checkbox"/> Weight management <input type="checkbox"/> Whanau cancer services (co-ordination, support and advocacy service) <input type="checkbox"/> Dietetic services ( specify requirements within additional comment box)	
<u>Specify preferred location</u> Home <input type="checkbox"/> Workplace <input type="checkbox"/> Health and Wellness Services <input type="checkbox"/> 154, 1 <sup>st</sup> Ave, Tauranga.			
Additional Comments: Please attach pre populated ( eg. Wizard) referral letter including recent consult notes, classifications, medications and allergies.			

## Referred By:

General Practice:	Name of Referrer:	Signature:

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