BAYNAV 1009 8/23

Te Whatu Ora
Health New Zealand
Hauora a Toi Bay of Plenty

Community Health 4 Kids
Freephone: 0800 935 554

REFERRAL
Public Health Nurse (PHN) Service
Community Health 4 Kids (CH4K)

Please tick who referral is for:

☐ PHN ☐ Preschool PHN (early years) ☐ Adolescent PHN ☐ Ear Nurse ☐ VHT

Child's Surname (s) _____ First Name(s) _____

DOB: _____ Gender: _____ NHI: _____ Ethnicity: _____

Address: _____

Parent/Caregivers _____

Contact number(s) Home: _____ Mobile: _____

Email address: _____

Has referral been discussed with caregiver? ☐ Yes ☐ No
If No state why _____

Has CH4K service leaflet been provided to caregiver? ☐ Yes ☐ No

Has the caregiver agreed to the referral? ☐ Yes ☐ No

School/Preschool _____ Classroom _____

Referrer name _____ Agency _____

Referrers contact (number and email) _____

Date of referral _____

Are you aware if child /family are engaged with other services (please tick)

☐ GP ☐ RTLB ☐ SENCo ☐ 3D-CHIRP ☐ Paediatrics ☐ MiCAMHS ☐ Voyagers
☐ Counselling ☐ Family works ☐ SWIS ☐ Strengthening Families ☐ CDS ☐ CDU
☐ Oranga Tamariki ☐ Tamariki Ora/ Well child ☐ STAND ☐ Plunket ☐ Family Start
☐ Adult MH ☐ Kāhui Ako ☐ MoE OTHER (please state) _____

Reason for referral and other relevant information

Expected outcomes of referral to CH4K

Date referral received by PHN _____

If this button doesn't work, press the envelope icon at the top of the page to send

PRINT FORM | OUTLOOK MUST be OPEN before you CLICK here to submit | CLEAR FORM