

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 Paediatric PHN Adult 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	RTL	SENCO	3D	Paediatrics	MiCAMHS	STAND	Plunket
Counselling	Family works	SWIS	Strengthening Families	Te Whanau Kotahi	CDU		
Oranga Tamariki (formerly CYF)	Tamariki Ora/ Well child	Voyagers	Family Start				
Adult MH	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

EMAIL to Public Health Nurse (PHN) Service

CLEAR FORM