**Client Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NHI |  | | | Date of Referral | | \_\_\_/\_\_\_/\_\_\_\_\_\_\_ | |
| Title |  | | | Date of Birth | | \_\_\_/\_\_\_/\_\_\_\_\_\_\_ | |
| Full Name |  | | | Known as | |  | |
| Address |  | | | | | | |
| Contact No |  | | | Gender | | 🗆 Male 🗆 Female 🗆 Other | |
| GP |  | | | Contact Number | |  | |
| Are they a NZ Resident? | | Yes 🗆 No 󠄀🗆 | | Ethnicity | |  | |
| Living arrangements *e.g. alone, with whanau* | | | | | | | |
| Language | English 🗆 Other: | | | | Is an interpreter required? | | Yes 🗆 No 󠄀🗆 |
| Is the referral the result of an accident? | | | Yes 🗆 No 󠄀🗆 Date of accident: \_\_\_/\_\_\_/\_\_\_\_\_ ACC claim no | | | | |

**Whanau\Next of kin\Carer\Informal support person\EPOA**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Contact No |  |
| Relationship |  | Has the patient agreed for us to contact them? | Yes 🗆 No 󠄀🗆 |

**Referrers Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | Designation |  | |
| Contact No |  | | | Email |  | |
| Service |  | | | | | |
| Does the patient agree to the referral? | | Yes 🗆 No 󠄀🗆 | Is the GP aware of the referral? | | | Yes 🗆 No 󠄀🗆 |
| Diagnosis |  | | | | | |

**Reason for referral** *e.g. current issues, goals for intervention, areas of concern*

|  |
| --- |
|  |

**Profession referring to:**

|  |  |  |
| --- | --- | --- |
| 🗆 Dietitian | 🗆 Geriatrician | 🗆 Liaison Nurse |
| 🗆 Nurse Practitioner | 🗆 Occupational Therapist | 🗆 Physiotherapist |
| 🗆 Speech Language Therapist | 🗆 Social Worker | 🗆 Rehabilitation Physician |

**Additional information** *e.g. receiving supports at home.* *Attach additional sheets if required.*

|  |
| --- |
|  |

**Mobility**

🗆 Independent

🗆 Stick

🗆 Crutches

🗆 Frame

🗆 Wheelchair

**Cognition**

🗆 Alert and rational

🗆 Mildly confused

🗆 Very confused

**Skin Integrity**

🗆 Intact

🗆 Broken

**Incontinent**

🗆 Urine

🗆 Bowels

**Sight**

🗆 Good

🗆 Impaired

**Hearing**

🗆 Good

🗆 Impaired

**Communication**

🗆 Good

🗆 Impaired

**Nutrition**

🗆 Good

🗆 Poor