



Whanau Ora Team– Nursing Referral Form Counties Manukau DHB

This free mobile community service is offered to **Maori** (and Non-Maori with socio-economic disadvantage) aged 16+ years residing within the Counties Manukau DHB area

<p><u>Eligibility Criteria (as above plus)</u></p> <ul style="list-style-type: none"> At risk or current Cardiovascular disease/diabetes May have long term condition Client has ability to improve and become self managing of health and well being from Nursing, Lifestyle and social intervention <p><u>Exclusion</u></p> <ul style="list-style-type: none"> <i>This service does not duplicate services already contracted for by the MOH, ACC or DHB or requiring specialist care (e.g. Patients receiving end stage/palliative care, dialysis)</i> <i>Cognitive conditions and addictions are excluded. Stable Depression can be referred.</i> 	<p>Date of Referral _____</p> <p><u>Patient Details: (Attach Label or enter)</u></p> <p>Surname: _____</p> <p>First Name: _____</p> <p>NHI: _____ Ethnicity: _____</p> <p>DOB: _____ F / M _____</p> <p>Address: _____</p> <p>_____</p> <p>Email _____</p> <p>Phone _____ Mob _____</p>
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<p><u>Referrer Details</u></p> <p>Name: _____</p> <p>Professional Title: _____</p> <p>Address: _____</p> <p>Ph Work: _____ Mobile: _____</p> <p>Email: _____</p> <p>HPI (Facility/Individual): _____</p>	<p><u>GP Details if different from referrer</u></p> <p>Name: _____ GP Clinic: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>HPI (Facility/Individual): _____</p>
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Consent and Safety PLEASE COMPLETE BEFORE REFERRING

Yes/No: Patient consents to information sharing between Whanau Ora service and Health Providers involved in care

Yes/No: Home Alerts e.g. Dogs, Drugs **If yes please specify**

Yes/No: Interpreter required: Language spoken _____

Other Services involved:

Clinical diagnoses and any known social issues:

Reason for Referral:

Please attach the following information to referral if not available on Test safe : Recent appropriate labs; screenings (height, weight etc); Long Term Medications; Allergies; any alerts we should be aware of; discharge from hospital letters.

Thank you for the referral

Please notify us if you don't receive an acknowledgment letter within 5 working days

Fax/Email referral form to: Email : info@tehononga.org.nz; Fax: 09 9730789