MATATIKI
CHILD & YOUTH HEALTH
WAITAHA CANTERBURY

# Public Health Nursing Service Referral

PUBLIC HEALTH NURSING SERVICE REFERRAL

REFERRAL DATE: ……/……/……

## CLIENT DETAILS

| | | |
|---|---|---|
| **Legal surname** | | NHI: |
| **Legal first name** | | |
| **Known as** | | DOB: ……/……/…… |
| **Gender** | ☐ Male ☐ Female ☐ Other: | |
| **Address** | Postcode: | |
| **Parent/Caregiver name** | | |
| **Parent's contacts** | Phone: | Email: |
| **Family Doctor/ General Practice** | | |
| **Ethnicity** | ☐ NZ Maori ☐ NZ European ☐ Pacific peoples ☐ Asian ☐ Middle Eastern/Latin American/African ☐ Other: | |
| **First language** | | |
| **School/preschool** | Current school/preschool: | Number of schools attended: |
| | Current teacher: | Class/Room: |
| **Previous PHN involvement** | ☐ Yes ☐ No Date: ……/……/…… | |

## REFERRER DETAILS

| | | |
|---|---|---|
| **Name** | | |
| **Agency** | | |
| **Contacts** | Phone: | Email: |

## OTHER AGENCIES INVOLVED (PAST AND PRESENT)

| Agency | Date involved | Contact person | Contact details |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

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## PRESENTING ISSUES AT HOME *(list issues and strengths)*

## PRESENTING HEALTH ISSUES AT SCHOOL/PRESCHOOL *(list issues and strengths)*

## CLIENT/PARENT/CAREGIVER SIGNATURE

This referral form has been read and is consented to by:

Name: .....

Signature: ..... Date: ……/……/……

**ALL REFERRALS TO BE FORWARDED TO email: phnburwood@cdhb.health.nz**
**Public Health Nursing Service, Burwood Hospital, Private Bag 4708, Christchurch 8140**

**CONTACT THE PUBLIC HEALTH NURSING SERVICE FOR MORE INFORMATION IF REQUIRED**
**Telephone: 03 383 6877 ext.99777**