Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CHRISTCHURCH HOSPITAL
PUBLIC HEALTH NURSING SERVICE

SURNAME ..... NHI .....
FIRST NAME ..... DOB .....
ADDRESS .....
..... POSTCODE .....
(or affix patient label)

PUBLIC HEALTH NURSING SERVICE REFERRAL

Public Health Nursing Service Referral

REFERRER DETAILS	
REFERRAL DATE	
Name	
Agency	
Address	
Phone	
Email	

CLIENT DETAILS			
(Refer to patient label for more details)			
Gender		☐ Male ☐ Female	
Address			
Parent/Caregiver name			
Parent's telephone	Home:	Work:	Mobile:
Email address			
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:

OTHER AGENCIES INVOLVED (PAST AND PRESENT)

Agency	Date involved	Contact person	Contact details

C110025

SURNAME ..... NHI .....

FIRST NAME ..... DOB .....

ADDRESS .....

..... POSTCODE .....

(or affix patient label)

Public Health Nursing Service Referral

PRESENTING ISSUES AT HOME (LIST ISSUES AND STRENGTHS)

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PRESENTING HEALTH ISSUES AT SCHOOL/PRESCHOOL (LIST ISSUES AND STRENGTHS)

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CLIENT/PARENT/CAREGIVER SIGNATURE

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

Name: .....

Signature: .....

Date: ……/……/……

ALL REFERRALS TO BE FORWARDED TO:

Public Health Nursing Service, Burwood Hospital, Private Bag 4708, Christchurch 8140

Telephone: 03 383 6877 Facsimile: 03 383 6878 Email: phnburwood@cdhb.health.nz

FOR PHN OFFICE USE ONLY

Date referral received: ……/……/……

Triage date: ……/……/……

Duty PHN name: .....

Signature: .....

Case manager PHN: .....

Contact any of the following Public Health Nurse Area contact numbers for more information if required

Christchurch 03 383 6877 Rangiora 03 311 8665 Lincoln 03 325 6218 Ashburton 03 307 8378 Kaikoura 03 319 5125