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

Public Health Nursing Service Referral



REFERRER DETAILS

| | |
|---------------|--|
| REFERRAL DATE | |
| Name | |
| Agency | |
| Address | |
| Phone | |
| Email | |

CLIENT DETAILS

(Refer to patient label for more details)

| | | | | | |
|------------------------------------|---------------------------------------|--------------------------------------|--|--------------------------------|--|
| Gender | | | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Address | | | | | |
| Parent/Caregiver name | | | | | |
| Parent's telephone | Home: | Work: | Mobile: | | |
| Email address | | | | | |
| Family Doctor/ General Practice | | | | | |
| Ethnicity | <input type="checkbox"/> NZ Maori | <input type="checkbox"/> NZ European | <input type="checkbox"/> Pacific peoples | <input type="checkbox"/> Asian | <input type="checkbox"/> Middle Eastern/Latin American/African |
| | <input type="checkbox"/> 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 |
|--------|---------------|----------------|-----------------|
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