Whanau Ora Team– Nursing Referral Form
Auckland and Counties Manukau DHB areas

THTH-QM-WOTRF-FM

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

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Eligibility Criteria (as above plus)

- 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
- Considerations:
  - Stable depression can be referred
  - **Addictions to DRUGS or alcohol must have evidence of CADS completion**

Exclusions

- ***This service does not duplicate services already contracted for by the MOH, ACC or DHB or requiring specialist care (e.g. Patients receiving palliative care, dialysis)***
- ***Cognitive conditions are excluded***
- ***Addictions (not addressed as above)***

Date of Referral _____

Patient Details: (Attach Label or enter)

Surname:_____

First Name:_____

NHI:_____Ethnicity:_____

DOB:_____F / M_____

Address:

_____

_____

Email _____

Phone _____ Mob_____

Referrer Details

Name:

_____

Professional Title:

_____

Address:

_____

Ph Work: _____ Mobile: _____

Email:

_____

GP Details if different from referrer

Name: GP Clinic:

_____

Address:

_____

Phone:

_____

Email:

_____

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