



PAPAKURA MARAE HEALTH CENTRE

29 Hunua Road
Phone: (09) 2972160 Fax (09) 2998679

ORANGA KI TUA REFERRAL FORM

This free mobile community service is offered to Maaori and Non-Maaori with socio- economic disadvantage aged 15+ years residing within Manurewa or Manukau Localities of the Counties Manukau Health catchment area;

<p><u>Eligibility Criteria - as above and:</u></p> <ul style="list-style-type: none"> • Client has ability to improve and become self-managing of health and well-being from social and/or Lifestyle intervention • Adults with long term conditions • Living in the Manurewa or Manukau localities of the Counties Manukau Health catchment area; • Assessed as having high or complex health needs; • Eligible to receive publically funded healthcare in New Zealand. 	<p>Date of Referral: _____</p> <p><u>Patient Details: (Attach Label or enter)</u></p> <p>Surname: _____</p> <p>First Names: _____</p> <p>NHI: _____ DOB: _____</p> <p>Ethnicity: _____ Gender: _____</p> <p>Address: _____</p> <p>Phone: _____ Mob: _____</p> <p>Home Situation Lives with: _____</p>
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<p><u>Referrer Details</u></p> <p>Name: _____</p> <p>Professional Role: _____</p> <p>Address: _____</p> <p>Ph Office: _____ Mob: _____</p> <p>Email : _____</p>	<p><u>GP Details (if different from referrer)</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>Ph Office: _____ Mob: _____</p> <p>Email : _____</p>
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Consent and Safety **Please ensure you gain patient consent before referring**

Y / N: Patient consents to information sharing between Whanau Ora Service and Health Providers involved in care.

Y / N: Home Alerts e.g. Dogs, Drugs

Y / N: Interpreter required: _____ Language spoken: _____

<p><u>Other Services involved</u></p>	<p><u>Preliminary Screening (if completed)</u></p> <p>Y / N: Depression Screening score</p> <hr/> <p>Y / N: CVD assessment score</p>
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Clinical diagnoses and any known social issues:

<p><u>Reason for Referral</u></p>	<p><u>Expected Outcome</u></p>
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Please attach the following information to referral if not available on Testsafe : 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
You will receive an acknowledgment letter within 5 working days

Fax referral form to:
Fax: (09) 2998679 or Healthlink EDI: papakurm