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

C110025

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