

**For Non Urgent Referrals:** "Complete this referral form electronically and email to [cta@chf.co.nz](mailto:cta@chf.co.nz)"

**For Urgent Referrals:** Please phone the service first to discuss the urgent referral. Complete this referral form electronically and email to [cta@chf.co.nz](mailto:cta@chf.co.nz). Our staff may also ask you to send a copy directly to their service.

CLIENT DETAILS:		
Surname:		NHI:
First Names:	DOB:	Age:
Address:	Ethnicity:	CSC:
Phone:	GP:	
ACC Injury?	ACC or Claim No:	Date of Injury:

CLIENT'S SUPPORT:	
Client Support:	
Full Name:	Home Phone
Address:	Work Phone
Relationship:	Is support person required at assessments?

REFERRAL DETAILS:
<b>Social Situation:</b> Is client aware of referral? <b>Cultural/Religious considerations:</b> <b>Diagnosis/Medical History:</b>
<b>Reason for Referral:</b>
<b>Current Medications:</b> (or attach printout)
<b>Alerts/Precautions:</b>

<b>Date of Visit Required:</b>	
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SERVICES REQUESTED: (Referrer to ensure a copy of this referral is provided to EACH service requested)	
Service:	For:

Referrer Name:	Designation:
Signature:	Date: Phone:

OFFICE USE ONLY			
Source:	Ref reason:	Labels:	Accident: No Yes
Priority:	Prof carer:	Wait list letter:	Date of Injury:
Funder:	Staff team:	File:	ACC no:
		Colour:	Injury Type:
			Date ph contact:
			Date 1st Visit:
			Care Activity Code