MidCentral Health

PAE ORA MAORI HEALTH SERVICES PATIENT REFERRAL FORM
TE PAE ORA RUAHINE KI TARARUA

THIS FORM SHOULD BE USED TO REFER ALL PATIENTS WHO IDENTIFY AS MAORI WHO REQUIRE KAUPAPA MAORI SERVICES WHILST IN HOSPITAL.

- **FOR HOSPITAL IN PATIENTS NOT BEING IMMEDIATELY DISCHARGED.**
  Fax this form to **8158**.You can alert the Pae Ora Team on ext **8210**. **Please contact if urgent.**

- **FOR PATIENTS BEING REFFERED FROM THE COMMUNITY.**
  Please phone (06)3508210 if urgent or fax referral to (06) 3508158.

- **REFFERAL FOR:**

☐ **On admission/Referral to hospital**	☐ **PT advocacy/whanau support/**
☐ **Specialist appointment support**	☐ **Referral to kaupapa maori/cultural community service providers**
☐ **Staff support/advice**	☐ **Discharge planning**
☐ **Accommodation (Te Whare Rapuora)**	☐ **Kaumatua**
☐ **Karakia/cultural support**	☐ **Whanau hui**

PATIENT DETAILS:

Surname…… **First Name**……**Preferred Name**……..
DOB…….. **NHI**……..
Address……..
Consultant…… **Date of admission:** ……
Ethnicity…… **Iwi**……..
Phone Number…… **Religion**……

NEXT OF KIN DETAILS:

Surname…… **First Name**……**Preferred Name**……
Address……..
Phone Number……

- ☐ **Enduring Power of Attorney (EPOA)**
- ☐ **Power of Attorney (POA)**

Do you have a G.P? Yes/No
Would you like to be referred to a G.P service? Yes/No
Referral Completed? Yes/No
G.P…… **Address**……
Tel.No……

BACKGROUND/ CURRENT INFORMATION.

(Health history/home circumstances/communication difficulties)

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PTO if required, ensure both sides are faxed).

Referred by…….. **Designation**…… **Date/Time...**……

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