

PATIENT ID LABEL

REQUEST FORM for funded IV infusion to treat Iron Deficiency Anaemia AT ANOTHER PRACTICE

SECTION ONE: REFERRER TO COMPLETE – Referral Information

Referral Date:	Organisation Name:
Referring Practitioner:	Signature:
Referrer’s contact details – Phone:	Email:
Patient’s contact details – Hm phone:	Cellph:
Name of practice patient has been referred to for the iron infusion. (See list of MidCentral practices.) (please specify):	

CLINICAL INFORMATION:	CLINICAL STUDIES:	
Cause of IDA (please specify) Please tick relevant box: <input type="checkbox"/> Investigated <input type="checkbox"/> Under investigation Other relevant clinical notes	Date of tests: __/__/__ (must be within the last 4 weeks) Result:	
Reason for not continuing with or giving oral iron: <input type="checkbox"/> Ineffective <input type="checkbox"/> Intolerant <input type="checkbox"/> Compliance issues <input type="checkbox"/> Insufficient time for efficacy	Haemoglobin Ferritin Patient current weight	

CHECKLIST: Ensure the following checklist is completed BEFORE referral to the iron infusion site:

- Above information is completed in full.
- Patient is: ≥ 14 years
 - Assessed as clinically safe and appropriate to be managed in the community
 - Eligible to access funded New Zealand Health Care Service
- Read the [IV Iron Infusion Procedure HealthPathway](#) to ensure infusion is appropriate.
- Special authority number obtained and documented here.....
- If a specialist has requested the infusion they should have applied for the special authority.
- You have issued the script for the Ferinject and instructed patient to collect from pharmacy **on day of procedure**.
- Case has been discussed with the practice the patient is being referred to.**
- Patient [information leaflet](#) (use [QR code](#)) provided regarding IV Iron infusion. Link can be texted to patient if appropriate.
- You will follow-up and manage patient and blood test results post-procedure.
- Send this form to the chosen practice where iron infusion will occur.

SECTION TWO: PRACTICE UNDERTAKING INFUSION checklist – send completed form back to usual GPT

Pre-procedure:

- Contact patient: check they have read patient [information leaflet](#) (use [QR code](#)) regarding infusion (nb: text link to patient).
- Advise patient to collect the iron script that their usual GP has issued **on the day of infusion**.
- If the patient has a valid SA and the iron has been prescribed by usual GP there is no cost to the patient – it is POAC funded. If the infusion is for any other reason, ensure patient understands there is a fee involved.

Procedure:

- Iron infusion Procedure Health Pathway followed and procedure checklist completed.

Post-procedure:

- Patient given follow-up blood test request form (with copy of results to usual GP).
- POAC [Transfer of Care/Handover form](#) completed and sent to patient’s usual GP.