

SUPPORTLINKS REFERRAL FORM

Please note: All fields must be completed, or referral WILL NOT be progressed

Referrer Details			
Referrer Name/Role		Phone	
Organisation		Date of Referral	
Consent			
Has the person being referred consented to this referral <input type="checkbox"/> yes <input type="checkbox"/> no			
If no – please state legal status of person giving consent. <input type="checkbox"/> Enacted EPOA <input type="checkbox"/> Welfare Guardian <input type="checkbox"/> Parent/Guardian (for child under 17) <input type="checkbox"/> Other - Please state _____			
Name and Contact of this person _____			
Does the person give consent for Supportlinks to access information from MidCentral clinical records if needed to assist determine eligibility for our service? <input type="checkbox"/> yes <input type="checkbox"/> no			
Persons Details			
First Name:		Last Name:	
NHI Number		Title	
Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> gender diverse (specify) :	Date of Birth	
Address		Phone No	
		CSC Card	No: _____ EXP : _____
Cultural Needs		GP Practice	
Ethnicity		Iwi affiliation	
Primary Language		Interpreter Required	<input type="checkbox"/> yes <input type="checkbox"/> no
SAFETY RISKS/ALERTS			
Persons Living Situation:		<input type="checkbox"/> Alone <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Relatives <input type="checkbox"/> Non relatives	
Alternative Contact details:			
Does the person currently receive funded support from other sources? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes who from?	<input type="checkbox"/> Mana Whaikaha <input type="checkbox"/> ACC <input type="checkbox"/> Mental Health <input type="checkbox"/> Hospice	Type of service?	
Is this person currently in hospital? <input type="checkbox"/> yes <input type="checkbox"/> no		Expected Date of Discharge:	
Referrals Made to other services <input type="checkbox"/> Yes <input type="checkbox"/> No Details:			
Palliative Diagnosis <input type="checkbox"/> Yes <input type="checkbox"/> No		Prognosis < 4 wks. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnoses (please attach any relevant information)			

Supportlinks is part of:

Te Whatu Ora – Health New Zealand | Te Pae Hauora o Ruahine o Tararua | MidCentral
PO Box 2056, Palmerston North Central, Palmerston North 4440, New Zealand
Ph: (06) 350 6671 | Freephone: 0800 221 411 | Email: supportlinks@supportlinks.org.nz

Te Whatu Ora
Health New Zealand

Reason for Referral to Supportlinks (attach relevant assessments)	
Cognitive Impairment (memory issues, behaviour issues, vulnerability, daily impacts)	
Details:	
Carer Needs Help (unable to keep caring, overwhelmed, distressed, night care needed)	
Details:	
Dressing (how do mobility issues impact on ability to dress self independently)	
Details:	
Medication Management (blister packs used, prompting required, physical difficulties)	
Details:	
Mood (daily impacts, how mood issues present, risks or concerns related to mood)	
Details:	
Packages of Temporary Support N:B support will stop at 4 weeks	
Does the person need support due to an <u>acute change</u> in health or function? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Showering Yes <input type="checkbox"/> No <input type="checkbox"/>	Household Management Yes <input type="checkbox"/> No <input type="checkbox"/>
Support needed: A <input type="checkbox"/> 3 x visits per week B <input type="checkbox"/> 5 x visits per week C <input type="checkbox"/> 7 x visits per week	
D <input type="checkbox"/> 2 x visits per day Other <input type="checkbox"/> please indicate	
Comments:	
<u>Long Term Disability Support</u>	
Are there changes in the persons day-to-day function that are likely to last longer than 6 months?	
Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	
<u>Non-Acute Rehab NAR02</u> **For hospital use only**	
Comments:	
Agency:	Preferred Start Date:

If you receive this email in error, please treat it as confidential and advise us immediately by phone: 0800 221 411 or email: supportlinks@supportlinks.org.nz

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