

REFERRAL FORM

For patient discharges or urgent referrals, please call 09-2389376 and talk with one of our nursing team

Referrer Details.....

Referred Date..... Service:.....

Phone:..... Email:.....

Client Name:..... DOB:..... NHI:.....

Client Address:..... Post Code:.....

Client Phone:..... Phone:

Client Consent for Referral: Yes No

NZ Citizen: Yes No Ethnicity:

Primary language:..... Interpreter needed:.....

Client's Contact Person:.....

Relationship to Client:..... Phone number:.....

GP Name:..... Medical Centre:.....

GP Phone:.....

Diagnosis/es:.....

.....

Symptoms:.....

.....

Social:.....

.....

Allergies:.....

Email completed form to nurses@franklinhospice.org.nz ; fax to 09-2389323

For patient discharges or urgent referrals, please call 09-2389376 and talk with one of our nursing team