Please email this referral to the AIR Team at:

RSU@tdhb.org.nz

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| AIR - OUTREACH IMMUNISATION SERVICE REFERRAL FORM |
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| Please note that the child you are referring **must** have been advised that their immunisation(s) is overdue. The medical centre must actively attempt to contact the child three times. Please provide details below |
|  |
| Type of Contact*e.g.: phone/text/email/letter* | Date of Attempt |
| 1: |  |
| 2: |  |
| 3: |  |
| If three attempts at contact have not been made, please provide details why: |
| Name  | DOB  | NHI  | Male/Female |
| Address | Parent/Caregiver name and relationship to the child |
| Daytime contact number | Alternative Contact Details |
| Immunisations referred for: |
|  | **Overdue** | **Notes** |
| 6 weeks | **[ ]**  |  |
| 3 months | **[ ]**  |  |
| 5 months | **[ ]**  |  |
| 12 months | **[ ]**  |  |
| 15 months | **[ ]**  |  |
| 4 years | **[ ]**  |  |
| **Any other relevant information to assist the Outreach team e.g. allergies, background information** |
| *Please check for any siblings and refer separately if required* |
| Referrer’s Name and Centre | Child’s GP |
| Date Referred | Medical Centre Phone or Email |
|  |
| OIS report back |
| **[ ]**  | Declined current overdue immunisations | **[ ]**  | Declined current overdue & **all** further immunisations |
| **[ ]**  | Decline letter sent to GP | **[ ]**  | Declined OIS service |
| **[ ]**  | Unable to contact (non-responder) | **[ ]**  | Completed and discharged |