

## REFERRAL – COMMUNITY PAEDIATRIC NURSING SERVICES

<b>REFERRAL CRITERIA:</b> pēpi & tamariki 0-16 Priority for under 5s Priority for Māori Primary care focus Non-acute community-based care	<b>WHAT SERVICE OFFERS:</b> Community-based care for non-acute post-discharge follow-up Offer help and support to families/whānau Facilitate and follow up hospital discharges Provide short and long-term follow-up for children Navigate and support access to appropriate care pathways
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Tamariki Details			
<b>Ingoa</b> [Name]:			
<b>Rā Whānau</b> [Date of Birth]:		<b>NHI:</b>	
<b>Kāinga Noho</b> [Address]:		<b>Tuakiri ā-ira</b> [Gender]:	<input type="checkbox"/> <b>Kōhine</b> [Female] <input type="checkbox"/> <b>Tamatāne</b> [Male] <input type="checkbox"/> <b>Irahuhua</b> [Gender Diverse] <input type="checkbox"/> <b>E nohopuku ana</b> [prefer not to say]
<b>Mātāwaka</b> [Ethnicity]	<input type="checkbox"/> <b>Māori</b> <input type="checkbox"/> <b>European</b> <input type="checkbox"/> <b>Asian</b> <input type="checkbox"/> <b>Middle Eastern/Latin America/African</b> <input type="checkbox"/> <b>Pasifika</b> <input type="checkbox"/> <b>Other – Please Specify</b>	<b><u>Iwi/Hapū:</u></b>	
<b>Enrolled with a GP practice?</b>	<input type="checkbox"/> <b>Āe</b> [Y] <input type="checkbox"/> <b>Kāo</b> [N]	<b>If Āe (Y) – which practice?</b>	<i>Practice name:</i>

Whānau Details			
<b>Ingoa Whānau</b> [Guardian Name]:		<b>Hononga-ā-whānau</b> [Relationship]:	
<b>Īmēra whānau</b> [Email]:		<b>Waea whānau</b> [Phone]:	
<b>Kāinga Noho ā whānau</b> [Family Address]:		<b>Tuakiri ā-ira</b> [Gender]:	<input type="checkbox"/> <b>Wahine</b> [Female] <input type="checkbox"/> <b>Tāne</b> [Male] <input type="checkbox"/> <b>Irahuhua</b> [Gender Diverse] <input type="checkbox"/> <b>E nohopuku ana</b> [prefer not to say]

<b>Preferred contact method?</b>	<input type="checkbox"/> <b>Waea</b> [Phone]	<input type="checkbox"/> <b>Kuputuhi</b> [Text]	<input type="checkbox"/> <b>Īmēra</b> [Email]	<input type="checkbox"/> <b>Mēra</b> [Post]
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<b>Kaitona (Referrer) Details</b>			
<b>Ingoa</b> [Name]:		<b>Organisation:</b>	
<b>Īmēra</b> [Email]:		<b>Waea</b> [Phone]:	
<b>Whānau korero</b> [Reason for request, including current treatment/medications]:			
<b>Date of referral:</b>		<b>Are whānau aware of and consented to referral?</b>	<input type="checkbox"/> <b>Āe</b> [Y] <input type="checkbox"/> <b>Kāo</b> [N]
<b>Alerts:</b> (Dangerous dog, infections, safety risks)			