**PACIFIC HEALTH SERVICE HUTT VALLEY**

**REFERRAL FORM**

**1 Hewer Crescent, PO Box 35027, Naenae**

Telephone: 577 0394; Facsimile: 577 0458

Website: pacifichealthhutt.co.nz

***Please circle the programme(s) you are referring to:***

*EXERCISE NURSING OUTREACH SOCIAL SERVICES SCREENZ WELL CHILD*

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name:** | | **First Names:** | |
| **Address:** | | | **Gender:** |
| **Date of Birth:** | **NHI:** | **Ethnicity:** | |
| **Phone (Home):** | **Phone (Mob):** | **GP:** | |
| **Next of Kin:** | | **Relationship to client:** | |
| **Consent for referral:** | | | |
| **Name and designation of person referring:** | | **Contact Telephone:** | |
| **Organisation/Provider:** | | **Date of Referral:** | |

**Reason(s) for referral:**

**Relevant Medical History**

**Medications**

**Allergies:**

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**Services provided by Pacific Health Service Hutt Valley**

* Community integrated and culturally appropriate model of support care and management
* Flexible clinic and home visit consultations
* Physical assessments, one on one/group education session, medication monitoring, self-management strategies, healthy lifestyle counselling and support
* Specialist nurse clinics: Diabetes, Plunket, Well Child, Midwife
* Facilitate GP enrolment, clinical appointments, assist with language and social services
* Assist with hard to reach clients, multiple hospital admissions and/or DNAs
* Facilitate access to health screening, immunisations and medical appointments for ‘hard to reach’ clients
* Healthy Lifestyle Pasifika Exercise Programme (HLPP) with participant baseline health assessment and advise
* Group education sessions