Rainbow Place Family Services Referral

This referral is: ☐ **Urgent (24hr response during week days)**
☐ **Routine (72hr response)**

Referral Date:

If this referral requires an urgent response, please telephone Rainbow Place to discuss it further with clinical staff:
Telephone: (07) 859 1260 Fax: (07) 859 1266

Please complete both pages of referral form

Details of children/young people being referred

Name (in full)	Age	Gender	NHI (if known)	Relationship to seriously ill / deceased person

Contact information

Address:

City/Town: Post code:

Telephone: Mobile phone:

Ethnicity: First language:

Religion: NZ Resident: Yes ☐ No ☐

Reason(s) for referral:

Child/young person agreed to referral: Yes ☐ No ☐ Parent(s)/Guardian agreed to referral: Yes ☐ No ☐

By agreeing to this referral the child/young person and/or parent/guardian gives Rainbow Place permission to request further relevant health information from other health care providers as required to process this referral.

Information regarding seriously ill/deceased person

Surname: NHI No:

First Name(s): DOB: / /

Gender: M ☐ F ☐ Ethnicity:

Diagnosis:

Hospice Waikato patient? Yes ☐ No ☐ Deceased? Yes ☐ No ☐ (Date:)

General Practitioner details

GP

Name of GP:

Practice Name and Address:

Telephone:

Fax: E-mail:

Details of other family members/carer(s)

Name	Relationship	Age (siblings)	Contact (phone/address) (If different from child/young person)

Other services involved or referred to

Organisation	Main Contact

Further information / alerts

Please also include relevant clinical correspondence (letters, discharge summaries, etc.)

Referrer details

Name: ..... Position: .....

Organisation: ..... Dept: .....

Telephone: ..... Mobile: .....

E-mail: ..... Fax: .....

Rainbow Place Use Only

Notes:

Date:

Referral decision: Accept: ☐ Decline: ☐

Urgency: Urgent ☐ Routine ☐

Key Worker:

Entered in Database

Date:

By:

Referral source:
- ☐ Hospice Waikato
- ☐ General Practice
- ☐ Public Hospital – palliative care
- ☐ Public Hospital – Other
- ☐ Community Service - District Nurse
- ☐ Residential care
- ☐ School / day care
- ☐ Other

Fax completed form to: (07) 859 1266