Rainbow Place Referral Form

This referral is: ☐ **Urgent (24hr response during week days)**
☐ **Routine (7 days)**

If this referral requires an urgent response, please telephone Rainbow Place to discuss it further with clinical staff:
Telephone: (07) 859 3848 Fax: (07) 859 1266

Child/Young Person's Details

NHI No: | | | | | | | |
Title: DOB: / /
Surname:
First Name(s):
Preferred Name:
Gender: M ☐ F ☐

Address:
City/Town: Post code:
Telephone:
Mobile phone:
E-mail:

Ethnicity: First language:
Religion:
NZ Resident: Yes ☐ No ☐ (If not an NZ Resident please telephone hospice to discuss referral)

Referral Information

Primary Diagnosis:

Other significant diagnoses/conditions:

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.

Reason(s) for referral:

Medical/nursing needs:

Social/psychological/spiritual needs:

What could we help with?

Medical Team Details

GP
Name of GP:
Practice Name and Address:
Telephone:
Email:

Lead Paediatrician
Name of Paediatrician:
Hospital/DHB: Dept:
Telephone:
Email:

Details of Family/Carer(s)

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

Other Services Involved or Referred to

Organisation	Main Contact

Referrer Details

Name: _____ Dept: _____

Organisation: _____ Mobile: _____

Telephone: _____

E-mail: _____

Further Information / Alerts

Please also include relevant clinical correspondence (letters, discharge summaries, etc), test results, advance care plan

Rainbow Place Use Only

Notes:

Date:

Referral decision: Accept: ☐ Decline: ☐

Urgency: Urgent ☐ Routine ☐

Key Worker:

Entered in Palcare

Date:

By:

Referral source:
- ☐ General Practice
- ☐ Public Hospital – palliative care
- ☐ Public Hospital – Other
- ☐ Community Service - District Nurse
- ☐ Residential care
- ☐ Other

Diagnosis Type:
- ☐ Malignant
- ☐ Non-Malignant - Dementia
- ☐ Non-Malignant - Renal
- ☐ Non-Malignant - Other Neurological
- ☐ Non-Malignant - Cardiovascular
- ☐ Non-Malignant - Respiratory
- ☐ Non-Malignant - Multiple organ failure
- ☐ Non-Malignant - Hepatic Liver
- ☐ Non-Malignant - Other

Fax completed form to: (07) 859 1266