Referrals can be email to:
Email:Theresa.Sharma@southseas.org.nz

Integrated Service Auckland Referral Form

Patient Information:

Title:	FAMILY NAME	FIRST NAMES	D.O.B.	M/F

NHI:		Ethnicity:

Residential Address		Next of Kin Details	
Street / number		Name of NOK:	
Suburb		Does this person live at the same address? Y / N	
City		Address if different from patient: Yes	
Day Phone:	Mobile:		
Postal address	Fax:	Phone/Mobile:	Relationship:
Email:		Email:	

Do you wish to receive text messages?	Interpreter required	**Language Spoken:**
Yes ☐ No ☐	Yes ☐ No ☐	

GP Information:

Name:	Address:
Phone:	Fax:
Email:	

Support service required [please tick box]

- ☐ active lifestyle
- ☐ alcohol and drug
- ☐ asthma or respiratory support
- ☐ cardiovascular disease support
- ☐ cervical / mammography screening support
- ☐ contraceptive, STD advice and sexual health education
- ☐ diabetes support
- ☐ hospital discharge follow up care
- ☐ immunisation support
- ☐ injury prevention support
- ☐ intellectual disability support
- ☐ maternity and/or support
- ☐ mental health (youth or adult)
- ☐ nutrition support
- ☐ obesity prevention and intervention
- ☐ palliative care
- ☐ Pasifika Ola Lelei [gambling harm minimisation]
- ☐ rheumatic fever support service
- ☐ school dental support
- ☐ smoking cessation support
- ☐ social services support
- ☐ other _____

Additional Information [medical history]: ***please attach copy of hospital discharge if relevant***	**Allergies:**

Reason for referral

Other Agencies involved in patient care:

- ☐ CYFs
- ☐ Police
- ☐ Immigration
- ☐ Other service .....
- ☐ WINZ
- ☐ School
- ☐ other services

Please indicate whether this is a self-referral or an agency referral (tick box]

- ☐ Self Referral
- ☐ Agency Referral
- ☐ Nurse
- ☐ GP
- ☐ Hospital
- ☐ Other: .....

Referrer name: Contact number:

Email: Role:

OFFICE USE ONLY

Stamp	Date referral received:	Date actioned:	Staff member assigned to:	Discharge Date:

Referrals can be email to:
Email:Theresa.Sharma@southseas.org.nz

Integrated Service Auckland Referral Form

Additional information: