

*"Leading the development of a vibrant healthy Pacific community in the  
Hutt Valley."*



**PACIFIC HEALTH SERVICE WELLCHILD REFERRAL FORM**

1 HEWER CRESENT. P O BOX 35027, NAENAE, HUTT CITY  
PH: 04 577 0394 FAX: 577 0458

DATE OF REFERRAL: \_\_\_\_\_ CONSENT GIVEN: \_\_\_\_\_

NAME & DESIGNATION OF REFERRER: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

**BABY DETAILS**

FAMILY NAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ NHI: \_\_\_\_\_ SEX: \_\_\_\_\_

GP: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_

GESTATION: \_\_\_\_\_ VIT K: \_\_\_\_\_ NBHS: \_\_\_\_\_

BREASTFEEDING STATUS: \_\_\_\_\_

OTHER SERVICES INVOLVED: \_\_\_\_\_

BABY SUMMARY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MOTHERS DETAILS**

FAMILY NAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ NHI: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CONTACT PH: \_\_\_\_\_

GP: \_\_\_\_\_ MOBILE: \_\_\_\_\_

PARITY: \_\_\_\_\_ CONTRACEPTION: \_\_\_\_\_

FAMILY / PARTNER/ SUPPORTS: \_\_\_\_\_

PREGNANCY / BIRTH SUMMARY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*"Our aim is to support parents and families to ensure that your child(ren) achieves  
a strong foundation of health which will lead to overall wellbeing as they grow".*

