



SOCIAL WORK REFERRAL FORM



REHABILITATION, OLDER PERSONS AND ALLIED HEALTH

REFERRAL FOR SOCIAL WORK SUPPORT

To: Social Work Department: Community Health Building, Hutt Hospital, PO Box 31-907, Lower Hutt 5040
Phone: (04) 570 9620, Fax: 04 570 9379, Email: Social.Work@huttvalleydhb.org.nz

Referral Date:.....

CLIENT DETAILS:

NHI:.....

M..... Surname..... First names:..... ACC No :.....

Ethnicity:..... Dob: / / Male Female

Interpreter required? Yes No Email Address:.....

Address (street, suburb, town):

Phone: Work: [] Home: [] Cell:

GP:
Address:.....
Phone: [] Fax []

Next of Kin/Significant Others:.....
Name:
Address:.....
Phone:.....

Referrer:

Name:..... Of

Phone:..... Signature:.....

Is client aware of referral? Yes No
Did client agree to referral? Yes No
Do you wish to discuss further? Yes No

Family violence concerns? Yes No
Any safety risks for visitors? Yes No
Please specify safety risks:.....

Other health professionals/agencies involved? (please specify)

Reason for Referral: (please tick all that apply) NB: Client must have a physical health condition impacting them

<input type="checkbox"/> Pre-admission planning	<input type="checkbox"/> Life threatening illness	<input type="checkbox"/> Trauma
<input type="checkbox"/> Chronic health issues	<input type="checkbox"/> Practical tasks	
<input type="checkbox"/> Maternity / Birth issues	<input type="checkbox"/> Discharge planning	<input type="checkbox"/> Other
<input type="checkbox"/> Child health issues	<input type="checkbox"/> Termination of pregnancy	
<input type="checkbox"/> Caregiver stress	<input type="checkbox"/> Financial issues
<input type="checkbox"/> New diagnosis	<input type="checkbox"/> Grief/loss – health related	

Other significant information: (please attach separate sheet if necessary) _____

Date received (office use) _____

Referrals can be made by GP, allied health provider, agency, self-referral or family member.
If we are unable to provide a service we will endeavour to notify client/referrer of other appropriate services.
Referrals can be received by phone, fax, mail or email detailed as above.