##

National Child Rehabilitation Service Referral Form

Please note, all areas marked with a red \* is compulsory to be completed, referral triaging will commence on completed referral forms only.

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| **Patient Details** \* | First Name(s)  | Last Name |
| **DOB** \* | Click here to enter a date. |
| **Telephone** **Contact (primary caregiver)** \* | Mobile or home landline number Primary Caregiver Name and Surname – Relationship to Child |
| **NHI#** \* | XXX0000 |
| **Home Address** \* | Address line 1.  | City |
| Postal Code xxxx | Country |
| **Date of Referral** \* | Click here to enter a date. |
| **Consent** \* | [ ] Yes [ ] No *Has consent been gained for referral from the patient/family?* |
| **Funding Source**\*  | [ ]  Ministry of Social Development (MSD) [ ] ACC [ ] Other |
| **Confirmation that a NASC referral has been completed if they meet MSD - DSS criteria****NASC referral completed** [ ]  |
| If other, please specify: Click here to enter text. |

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| **Referring for first visit:** \* | [ ] Outpatient [ ] Inpatient  |
| **Diagnosis:** \* | Insert Text Here |
| **History:** \* | Medical and surgical history (admission(s), surgery and dates, expected surgical outcome  |
| **Plan:**  | Click here to enter text  |
| **Is Casting Required?** | [ ] Yes [ ] No  |
| **Rehab Goals:** \* | Tertiary level rehabilitation goals (at least one is mandatory) |
| **Other Factors:**  | [ ] Visual impairment [ ] Hearing impairment [ ] Behavioural Conditions [ ] Mental Health Conditions [ ] Cognitive Impairment [ ] Ineffective nutrition[ ] Endocrine condition [ ] Psychosocial risk factor(s)  |
| **Required Intervention:**  | [ ] Physiotherapy [ ] Occupational Therapy [ ] Speech and Language Therapy [ ] Nursing [ ] Neuropsychology [ ]  Social Work[ ] Play Specialist [ ]  Dietetics  |

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| **Referrer Details:** \* | Enter full name here |
| **DHB:** \* | Click here to enter text |
| **Contact Details:** \* | Contact Number | Email Address. |
| **Role:** \* | Click here to enter text. |

Email to: Ncrsreferrals@waitematadhb.govt.nz

* **Funding source –** **Ministry of Social Development (MSD**) – DSS eligible: For Clients who are aged 0-15 years, or 16 years and older if still at school who have a complex physical, intellectual or sensory disability (or a combination of these) which is likely to continue for at least 6 months and will benefit from highly focused specialist rehabilitation that will promote a faster return to maximum potential. This may include, but is not limited to, clients who sustained: Significant physical injury resulting in acquired brain injury, Stroke, Infections of the brain, Neurobehavioural disabilities