## 

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](mailto: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