



Older Persons and Rehabilitation
Single point of entry referral form

Patient Label	
Name: _____	
NHI: _____	DOB: _____ <small>dd/mm/yy</small>
Address: _____	

or patient details

Email referral to rcc@waikatodhb.health.nz

Gender – <input type="checkbox"/> Male <input type="checkbox"/> Female Phone _____ Mobile _____ Ethnicity _____ GP name _____	Alerts / allergies: Has the patient got an infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> MRSA <input type="checkbox"/> ESBL <input type="checkbox"/> C. Diff <input type="checkbox"/> V. RE <input type="checkbox"/> Hep B
Preferred contact: Name _____ Address _____ Relationship _____ Phone – Day _____ – Mobile _____ Patient consents to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No Language _____ ACC number (if relevant) _____ Date of injury (for ACC) _____ Community Service Card (if requesting NASC) <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ Exp _____ Does the client have cognitive impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the client have a neurological condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the client have brittle social support system? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the client require medication management? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the client need assistance to dress? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the client prefer a Māori assessor? <input type="checkbox"/> Yes <input type="checkbox"/> No

Situation	Diagnosis
Background	Reason for referral / relevant medical Hx
Assessment	Current health information and functional status (mobility, assistance required, pain level, falls history, continence, nutrition, wounds, pressure injuries, previous level of functioning in last 90 days, social history)
Recommendation	Does the client have communication or hearing issues? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: Please indicate which service is appropriate: <input type="checkbox"/> Inpatient / rehabilitation <input type="checkbox"/> Thames rehab <input type="checkbox"/> Convalescent care (<i>Rhoda Read or Matariki</i>) <input type="checkbox"/> OPR Outpatient Clinic <input type="checkbox"/> START <input type="checkbox"/> NASC/DSL <input type="checkbox"/> Geriatrician advice review <input type="checkbox"/> CNS Gerontology <input type="checkbox"/> R & R

Referrer name _____ Signature _____
 Designation _____ Date _____ Time _____ Contact number _____
dd/mm/yy 24 hour

Referral source
 GP Self Community provider DSL/NASC Private hospital
 Waikato ward Outpatient clinic District hospitals (non Waikato)

The information contained below provides an overview of OPR services. If you require further information, please go to our website, www.waikatodhb.health.nz/opr

Inpatient review

Internal referrals use PFM (electronic referral)

External referrals send to rcc@waikatodhb.health.nz

Outpatient clinic

Outpatient clinics provide assessment and treatment of clients following a period of inpatient care or a referral from the community. We provide:

- multidisciplinary clinics involving medical, nursing and allied health involvement
- geriatrician clinics located in Hamilton, Tokoroa, Taumarunui and Te Kuiti
- rehabilitation specialist clinics in Hamilton and Thames
- specialised clinics for stroke, multiple sclerosis and orthotics services based in Hamilton.

START: Supported transfer accelerated rehabilitation team

Internal referrals use PFM (electronic referral)

External referrals send to rcc@waikatodhb.health.nz

NASC/DSL: Needs assessment and service coordination / Disability Support Link

Needs assessment and service coordination for long term community based support services. Clients have been assessed and because of long term disability or age related change are allocated support services or residential care. DSL also provide assessment for transitional care - slow stream rehabilitation provided by aged residential care facilities.

DSL enquires: 07 839 8883