



Patient Label

Name: _____
 NHI: _____ DOB: _____
dd/mm/yy

Address: _____

Single point of entry referral form

Fax referral to 07 839 8817 (external) or ext 98817 (internal)

Gender - Male Female

Phone _____ Mobile _____

Ethnicity _____

GP name _____

Alerts / allergies:

Has the patient got an infectious disease? Yes No

If yes, MRSA ESBL C. Diff V. RE Hep B

Preferred contact:

Name _____

Address _____

Relationship _____

Phone - Day _____
 - Mobile _____

Interpreter required? Yes No Language _____

ACC number (if relevant) _____

Date of injury (for ACC) _____

Community Service Card (if requesting NASC) Yes No

Number _____ Exp _____

Does the client have cognitive impairment? Yes No

Does the client have a neurological condition? Yes No

Does the client have brittle social support system? Yes No

Does the client require medication management? Yes No

Does the client need assistance to dress? Yes No

Does the client prefer a Māori assessor? Yes No

Supporting information:

Non weight bearing pathway Yes

Ortho-geriatric pathway Yes

Stroke pathway Yes

Assessed by: Physiotherapist
 Occupational Therapist

Patient consents to referral? Yes No

Situation Diagnosis _____

Background Past medical history / previous level of functioning in last 90 days / social history _____

Assessment Current health information and functional status (mobility, assistance required, pain level, falls history, continence, nutrition, wounds, pressure injuries) _____

Does the client have communication or hearing issues? Yes No

If yes, describe: _____

Recommendation Please indicate which service is appropriate:

Inpatient review Convalescent care (*Rhoda Read or Matariki*) Thames Rehab

Transitional care NASC/DSL Outpatient Clinic

START Discharge date _____ Geriatrician advice review

dd/mm/yy

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 Other district hospital (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, or you can contact the Older Persons Assessment and Liaison team on 021 358 745 or 021 356 273 if you have a specific question.

Inpatient review

For advice, consultation and suitability for admission to assessment treatment and rehabilitation wards or convalescent care. Discipline reviews available:

- Geriatrician
- Rehabilitation physician
- Neuropsychologist
- Clinical nurse specialist
- Allied health

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

START provides acute assessment, treatment and rehabilitation in the clients home to facilitate early discharge or admission avoidance. The START team will visit up to four times a day, seven days a week, for up to six weeks to provide rehabilitation for the patient.

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.