

# REHABILITATION REFERRAL

Referrer Name: \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Role: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Email: \_\_\_\_\_

**Client Details**  
NHI: \_\_\_\_\_ Title: \_\_\_\_\_ DOB: \_\_\_\_\_ Date : \_\_\_\_\_  
Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Alternative Contact Name : \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Iwi: \_\_\_\_\_ GP: \_\_\_\_\_ GP Practice: \_\_\_\_\_  
Funding Body:  ACC  Te Whatu Ora  Other Case Manager/Case Co-Ordinator Name: \_\_\_\_\_

## CONSENT

|  |  |
|--|--|
| Client or activated EPOA has consented to this referrer?   | <input type="checkbox"/> Yes (Consent is required)       |
| Client consents to sharing health information with Evolve: | <input type="checkbox"/> Yes (Consent is required)       |
| Funder consents to this referral:                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## ATTACHMENTS (Tick if attached)

ACC SNA  Allied Health Assessment  Specialist Reports  Standardised Measures eg FIM EPOA/PPPR   
Hospital/Medical Discharge Summaries  Disability Service Assessment  Medication Chart

## Reason for Referral (why is there a need for slow stream residential rehabilitation)

## Relevant Medical History and current condition/diagnosis

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## Current Medication List

Is the Client able to self-administer medication: Yes  No

## Legal Status

Does the client have any current or pending court proceedings? Yes  No   
Does the Client have active EPOA/Welfare Guardian/PPPR: Yes  No   
Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Date: \_\_\_\_\_ Documentation attached:

## Level of Function

Showering: Independent  Supervision  Assistance  Comment: \_\_\_\_\_  
Dressing: Independent  Supervision  Assistance  Comment: \_\_\_\_\_  
Toileting: Independent  Supervision  Assistance  Comment: \_\_\_\_\_  
Transfers: Independent  Supervision  Assistance  Comment: \_\_\_\_\_  
Dining: Independent  Assistance  Comment: \_\_\_\_\_  
Mobility: \_\_\_\_\_  
Cognition: \_\_\_\_\_

## Social Situation/Supports/History/Known Risks

## Mood/Behavioural - Mental Health, Addiction, Anxiety, Outburst Triggers - OBS

## Communication/ Language

Is English the patients first language:  Yes  No

## Specialised Equipment Required