REFERRAL TO SCHOOL PUBLIC HEALTH NURSE

Health New Zealand
Te Whatu Ora

Please complete the referral form if you would like to refer a child to the school public health nurse. When sending the referral, please put the name of the school in the subject line.

Date:	**Email to** GW-NPHSSchoolNurse@tewhatuora.govt.nz

Consent from parent/caregiver must be obtained before the public health nurse can action this referral

Parent/caregiver consent given:	☐ Yes	☐ No	☐ Not asked
If no, please explain:			

Referred by:	Relationship to student:	Phone:

STUDENT DETAILS

First name:	Surname:	
DOB:	Age:	NHI:
Sex: ☐ Male ☐ Female ☐ Indeterminate	GP:	

Ethnicity (select all that apply):	☐ NZ European	☐ Māori	☐ Samoan	☐ Tongan	☐ Niuean	☐ Indian	☐ Chinese
	☐ Cook Island	☐ Other (please specify):					

Iwi:	Language/s spoken:	
Student's school:	Teacher:	
Does the child have a disability?	☐ Yes	☐ No
If yes, what is the disability:		

PARENT/CAREGIVER DETAILS

Full name:	Relationship to student:
Email:	Phone number:
Address:	
Full name:	Relationship to student:
Email:	Phone number:
Address:	

REASON FOR REFERRAL (please select at least one)

☐ Accidental injury	☐ Discharge from ears	☐ Sore throat
☐ Alcohol and other drugs	☐ Food concerns	☐ Sores/itchy skin or head
☐ Allergy	☐ Hearing problems (attached ENROL report)	☐ Speech problems
☐ Behavioural concern	☐ Medical/medication advice	☐ Suspected infection
☐ Breathing concern	☐ Mental health	☐ Truancy
☐ Child protection/report of concern	☐ Sexual health	☐ Vision problems (attached ENROL report)
☐ Dental	☐ Social	☐ Vomiting/diarrhoea
☐ Developmental/learning disorders	☐ Soiling	☐ Wetting
☐ Other (please specify:		

ADDITIONAL REFERRAL INFORMATION

WHAT OTHER HEALTH/SOCIAL AGENCIES OR PERSONS ARE INVOLVED WITH THE CHILD'S FAMILY?