



Waitemata Primary Options REFERRAL FORM

Fax to Primary Options within **FOUR HOURS**
of the initial consultation - FAX: 415 6935

Reference number
NW
**WAITEMATA PRIMARY
OPTIONS**
Phone 415 6932 : Fax 415 6935
PLACE STICKER HERE

Patient Details

Surname	First Name	DOB	M / F
Address			
Ethnicity	NHI	Phone	
Provisional/Working Diagnosis:			
Clinical Information: <i>(FAX summary of consultation notes and other clinical problems)</i>			
Recent Hospital Discharge Information: Hospital: _____ Consultant: _____ Date of discharge: _____			

SEE GUIDELINES IN MANUAL IF TREATING CELLULITIS, ADULT DEHYDRATION OR ?DVT

We Do Not accept referrals for ACC related conditions including cellulitis.

Please contact the service co-ordinator if you need assistance to make an appointment with a Service provider.

Phone 415 6932

When this episode of care is concluded, complete the OUTCOME FORM

and fax to Primary Options within SEVEN DAYS

Fax 415 6935

PATIENT INFORMATION - Collection of Health Information
I understand that the information detailed on this form and relating to this illness will be sent to the Primary Options Coordinator, and sub-contracted healthcare providers, as outlined in the information leaflet.

Signed (Patient)

GP Name: _____ NZMC: _____
Practice Name: _____
Phone Number: _____
Signature: _____
Date: _____

FOR OFFICE USE ONLY (Printed August 2007)

	Amount	Radiology	Amount
Dr		Auckland Radiology	
		Hibiscus Radiology	
		Mercy Radiology	
Service Providers		The Radiology Group	
		Horizon Radiology	
		Others	
		Total	