

REFERRAL TO SCHOOL PUBLIC HEALTH NURSE

Date: _____

Email to phadmin@wairarapa.dhb.org.nz

Consent from Caregiver must be obtained before the PHN can action this referral

Student's school: _____ Teacher: _____
 First name: _____ Surname: _____
 DOB: _____ Age: _____ Gender: Female Male Other
 Ethnicity: _____ Iwi: _____
 GP: _____ NHI: _____
 Language/s spoken at home: _____

Parent/Caregivers details

Name: _____ Relationship to student: _____
 Address: _____
 Phone number 1: _____ Phone number 2: _____
 Email address: _____

Name: _____ Relationship to student: _____
 Address: _____
 Phone number 1: _____ Phone number 2: _____
 Email address: _____



Does the child have a disability? Yes No

If yes, what is the disability: _____

Reason for referral (please select at least one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Accidental injury | <input type="checkbox"/> Food concerns | <input type="checkbox"/> Sores/itchy skin or head |
| <input type="checkbox"/> Alcohol and other drugs | <input type="checkbox"/> Hearing problems
(attach ENROL report) | <input type="checkbox"/> Speech problems |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Medical/medication advice | <input type="checkbox"/> Suspected infection |
| <input type="checkbox"/> Behavioural concern | <input type="checkbox"/> Mental health | <input type="checkbox"/> Truancy |
| <input type="checkbox"/> Breathing concern | <input type="checkbox"/> Sexual health | <input type="checkbox"/> Vision problems
(attach ENROL report) |
| <input type="checkbox"/> Child protection/report of concern | <input type="checkbox"/> Social | <input type="checkbox"/> Vomiting/diarrhoea |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Soiling | <input type="checkbox"/> Wetting |
| <input type="checkbox"/> Developmental/learning disorders | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Other |
| <input type="checkbox"/> Discharge from ears | | |

Additional referral information: _____

What other health/social agencies or persons are involved with the child's family? _____

Referred by: _____ Relationship to student: _____
 Parent/caregiver consent given: Yes No Not asked
 If no, please explain: _____
