

RURAL CANTERBURY

Primary Health Organisation
Te Roopu Hauora Matua O Waitaha Taiwhenua
PO Box 14021 Christchurch

Chronic Disease Management Packages of Care

REFERRAL FORM

Case Number Referrer

NB. Referrer, please ensure the case number from the registration form is on this referral form.
Service provider, please contact the referrer if there is no case number in the box above.

PATIENT DETAILS:

Name:

Address:

NHI (where appropriate only)

Age:

Ethnicity NZ European Maori Pacific Asian European Other

Clinical Information:

Maximum Value:

Provider: Please send account to the PO Box number above.

Please include patients name and Package of Care number from the Case Number box.

Use when referring to other providers.