

# RURAL CANTERBURY

Primary Health Organisation  
Te Roopu Hauora Matua O Waitaha Taiwhenua

## Chronic Disease Management Packages of Care

### REGISTRATION FORM

FAX 03 357 4372

For Information phone 03 347 4970, 0800 800 743, or 021 80 89 89

Case Number

NB. Please be sure to put this case number on any referral form related to this registration.

#### PATIENT DETAILS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

NHI

(where appropriate only)

\_\_\_\_\_

Age: \_\_\_\_\_

Ethnicity

NZ European

Maori

Pacific

Asian

European

Other

Chronic Condition: \_\_\_\_\_

Newly Diagnosed

Newly Discharged

If newly diagnosed and newly discharged please tick the discharge box.

Package of care  
selected:

Registration made by: \_\_\_\_\_

Name of GP, Practice Nurse: \_\_\_\_\_

Please fax form to 03 357 4372 to register.