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| **Re-Referral Form** |
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| Te Ratonga Tanga Manawa Rangatahi O Te Ara Whakamua15 Rosebery Street, Barrington P.O. Box 12 219ChristchurchPhone: 03 332 6417, Fax: 03 338 7262Cell: 027 226 8852 |
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| To: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fax: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Service: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Your client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) is coming in for Respite care from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (day/date) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (day/date). As your client has either been into Respite recently and/or is coming in on a regular basis, we need to know if you are okay with the Respite team re-using the recent referral you sent us on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date enclosed)**.** If there have been no changes to the client’s situation and/or medications, please sign this form and we will use the same referral. |
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| No changes – reuse previous form. |  | Medications previous stay: |
| Change the following: |  |  |  |
|  |  |  |  |  |
|  | Leave | Yes |  | No |  |  |  |  |  |
|  |  |  |  |
|  | Visitors | Yes |  | No |  |  |  |  |  |
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| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Case Manager) |  |  |  |
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| ***STATEMENT OF CONFIDENTIALITY*** - *The contents of this facsimile are confidential to the addressee and any unauthorised disclosure, photocopying, distribution or other use is prohibited. If you have received this facsimile in error, please notify us by telephone (collect) immediately so that we can arrange for the retrieval of the original documents at no cost to you.* |