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| **Re-Referral Form** | | | | | | | | | | | | | | | |
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| Te Ratonga Tanga Manawa Rangatahi O Te Ara Whakamua  15 Rosebery Street, Barrington P.O. Box 12 219  Christchurch  Phone: 03 332 6417, Fax: 03 338 7262  Cell: 027 226 8852 | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| To: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Fax: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| 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. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 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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