

REFERRAL TO WELL CHILD /TAMARIKI ORA PROVIDER



To receive the free Well Child/Tamariki Ora service (health checks, education and support) we need to know the following information.

REFERRER

Midwife's name Cell ph () Email
(optional)

Signature Designation

LMC

Planned date of discharge from LMC ___/___/___

Please make referral no later than 4 weeks of age to allow time for provider to arrange appointment

Please complete both sides of the referral form

PROVIDER* (Please tick one – as selected by Whānau/family)

- Te Puawaitanga Ki Ōtautahi Trust Plunket
 Te Tai O Marokura (Kaikoura) Public Health Nursing Service, Canterbury DHB
 Pacific Trust

**Provider contact details on other side of form*

BABY

NHI

Family/Whanau name First name(s)

Gender Male Female Ethnicity

Date of birth Place of birth
DAY / MONTH / YEAR

Gestation (wks) Birth weight gms

Apgars Last weight gms Date
DAY / MONTH / YEAR

Position in family:

1st 2nd 3rd 4th 5th Other

Pregnancy summary or significant details of birth history:

Baby's feeding:

- Exclusive BF Fully BF Partially BF Artificial BF

Summary of baby's needs & referrals made:

GP
Name
/address of practice

REFERRAL TO WELL CHILD /TAMARIKI ORA PROVIDER

MOTHER

NHI

Family/Whanau name

First name(s)

Date of birth

Ethnicity

DAY / MONTH / YEAR

Address

Street

Town/city

Postcode

Telephone

Cell phone or alternative no:

()

Phone or alternative no:

()

Email

GP (if different from baby)

Smoking

Yes

No

Other children

First name (s)

Date of birth

DAY / MONTH / YEAR

DAY / MONTH / YEAR

DAY / MONTH / YEAR

Maternal mental health, family violence/child protection concerns**Additional information from parent/caregiver e.g. dog on premises, staying with relatives etc**

Please post, fax or email this form to:

If you have client information that is sensitive please phone the Well Child/Tamariki Ora Provider

Te Puawaitanga Ki Ōtautahi Trust

P.O. Box 16886, Christchurch. Tel: 0800 66 99 57 / 03 344 5062, Fax: 03 349 0645

Email: admin@omwwl.maori.nz

Pacific Trust Canterbury

P.O. Box 13 285, Christchurch. Tel: 03 366 3900 Fax: 3537892

Email: Info@pacifictrust.co.nz

Te Tai O Marokura (Kaikoura)

4 Westend, Kaikoura. Tel: 03 319 5801 Fax: 03 319 6463

Email: sue.parsons@tetaiomarokura.co.nz

Plunket

P.O. Box 13 403, Christchurch. Tel: 03 366 0765 Fax: 03 366 0767

Email: canterbury.plunket@plunket.org.nz

Public Health Nursing Service, Canterbury DHB

Private Bag 4708, Christchurch Tel: 03 383 6877 (CHCH) Fax: 03 383 6878 (CHCH)

03 304 7255 (Akaroa) Tel: 03 319 5125 (Kaikoura)



Well Child
Tamariki Ora