

PO Box 2241, Rotorua
Phone: 07 347 3195 Fax: 07 346 2795
Email: akoloi@pikiaorunanga.org.nz

PI MOBILE NURSING REFERRAL FOR PACIFIC PATIENTS WITH CHRONIC ILLNESS

Patient Details:

Name: _____ NHI No: _____

Address: _____ DOB: _____

GP: _____

Reason for Referral (*please list current health concerns, any areas of particular priority and desired outcomes*):

Referred by: _____ Date of Referral: _____

Referrers email: _____ Referrers contact ph: _____