Outpatient Physio/Hand Therapy

Capital & Coast District Health Board
Ūpoko ki te Uru Hauora

Orthopaedic Pathway Physiotherapy		New Zealand Resident: Yes		No		Ethnicity:	
Orthopaedic Pathway Hand therapy		GP:					
Neurological		GP Contact Details:					
Cardiorespiratory							
Musculoskeletal							
Hand therapy		ACC: Yes		No		ACC number:	
Women's health		Accredited Employer Yes		No		:	
Paediatric							

PERSONAL DETAILS:

First name:	NHI:	
Last name:	Date of birth:	
	Phone: (day)	
	Phone: (mobile)	

CLINICAL DETAILS:

Diagnosis:

Date of onset/duration:

Reason for Therapy referral (including relevant past medical history):

Additional information: (eg investigations, mobility status, walking aids, medications)

REFERRER'S DETAILS:

Name:	Contact details (if different from above):
Signature:	Todays date:

Fax completed form to:

Booking Centre (04) 385 5402