Therapy Professionals Ltd

Physio, Speech Language, Music, Occupational Therapists & Dietitians

REFERRAL FORM

DATE ____________

CLIENT INFORMATION

Name:	Physical Address:
Gender:	
Date of birth:	Email Address:
NHI number (if known)	First Language:
Landline:	Next of kin/ guardian:
Cellphone:	GP:
Others involved in care: eg family, consultant, behaviour support team	
Reason for referral: (Please be as specific as possible)	

REFERRER INFORMATION (IF DIFFERENT TO CLIENT):

Name:	Landline:
Relationship to client:	Cellphone:
Consent: I have gained consent from the client or their welfare guardian to make this referral: Yes / No	
Cellphone:	

HISTORY

Diagnosis: List relevant medical or surgical history

Medications: Attach a copy of medication form where applicable

Alerts, problematic behaviours: Please list any risk factors, including management strategies

Community Activities: eg day placements, work programmes, hobbies or leisure activities

CURRENT STATUS

Mental health
- ☐ confused
- ☐ anxious
- ☐ cognitively impaired
- ☐ mood swings
- ☐ ______________________
- ☐ ______________________
- ☐ ______________________

Speech
- ☐ Normal
- ☐ Confused
- ☐ Slurred
- ☐ Rapid
- ☐ Limited or non verbal
- ☐ Uses alternative communication
- ☐ ______________________

Mobility
- Walking : ______________________
- Transfers: ______________________
- Equipment: ______________________
- ______________________
- Non-weight bearing: yes / no

Eyesight
- ☐ Normal
- ☐ Impaired
- ☐ Wears glasses
- ☐ ______________________

Diet

Food
- ☐ Normal
- ☐ Soft
- ☐ minced
- ☐ Puree
- ☐ ______________________

Hearing:
- ☐ Normal
- ☐ Impaired
- ☐ Wears hearing aid
- ☐ ______________________
- ☐ ______________________

Height ______________ Date: ______________

Weight ______________ Date: ______________

Fluids
- ☐ Normal
- ☐ Mildly thick (grade 1)
- ☐ Moderately thick (grade 2)
- ☐ Extremely thick (grade 3)
- ☐ IV Fluids

Nil by mouth or tube fed: Yes / No

Dentition
- ☐ Own teeth
- ☐ Partial plate
- ☐ Dentures: top / bottom
- ☐ No teeth

Reports attached? If yes, please list

Please forward to: admin@tpl.nz