

SOUTH CANTERBURY FALLS PREVENTION REFERRAL FORM

Date of referral:	NHI:	Home Care Provider: (if known)	Ref Number: (office use only)
Patient name:	Address:	Alternate contact name:	
Phone number:		Relationship:	
Date of Birth:	Ethnicity:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Is the patient aware of this referral? YES <input type="checkbox"/> NO <input type="checkbox"/>

Medical Practice referral – Attach medical conditions & medications OR fill in below.
Secondary care referral – Please attach a copy of patient’s discharge summary OR fill in below.
Community referrals – Fill in below as able.

GP details (name, practice, phone and fax #s) Phone number: Fax number:	Non GP referrer’s details (name, position, workplace) Phone number: Fax number: I have informed the GP: YES <input type="checkbox"/> NO <input type="checkbox"/>
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HISTORY SECTION

Full medical conditions, including those effecting mobility and cognition: History of Falls (if any):	Medications (if not attached):
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Community dwelling individuals who are 65+ (or 55+ Māori/Pacific Peoples) are eligible.



Stay On Your Feet
Home-based programme
 6 months
 Timaru, Waimate, Temuka,
 Geraldine, Fairlie



SOYF Community Class
 10 weeks
 Location – Contact below for information

TAI CHI – Refer patient to Green Prescription Programme

Please return this form to: Falls Prevention Coordination Centre
Sport Canterbury
Fax: (03) 686 1353, DDI: (03) 929 2519
Email: cathie@sportcanterbury.org.nz

