

**REFERRAL TO:
THE PUBLIC HEALTH NURSE**



Surname		First Name
Address		Phone No
School		Room
DOB	Gender M / F	Ethnicity
GP		Caregiver(s) Name
Date		Referrer

Parent is aware of referral to Public Health Nurse:

YES / NO (delete one)

Reason for referral and any other relevant information: (briefly)

Date Received By PHN: _____

NHI Number: _____

Lakes District Health Board - Population Health
Private Bag 3023, Rotorua Mail Centre 3046
Phone 07 343 7747 Fax 07 349 7842

Taupo Hospital PO Box 841 Taupo 3332
Phone 07 376 1012 Fax 07 376 1048