



Florence
Nightingale
NURSING

REFERRAL FORM

Florence Nightingale Nursing

Phone: 03 366 8630 **Fax:** 03 366 3820 **Email:** nursing@florence2care.co.nz

Contracted Provider ACC Nursing Services: Christchurch and Waimakariri

Advanced Care Planning Services

Date of referral:..... GP Practice:.....

Name and Designation of Referrer:.....

GP:..... Phone Number:.....

Client name:.....

Address (for service delivery):.....

Phone number/s:.....

DOB:..... NHI:..... ACC claim number:.....

Alerts or Risks for Client or Provider

Infection Describe:.....

Other Safety Risk Describe:.....

Allergies Describe:.....

ACC Eligibility Criteria (please tick)

Reduced mobility	
No natural supports	
Nursing treatment for serious injury	
Care outside practice hours	
Complex injuries e.g. ulcers, skin grafts	
Specialised care e.g. NPWT, compression	
Comorbidities impact on healing	

Communication Challenges

Cognitive Impairment Yes/No Hearing impairment Yes/No Sight Yes/No

Language barrier Yes/No Interpreter required Yes/No Language:.....

Reason for Referral:.....

Treatment to date:.....

Comorbidities:.....

Thank you

Please scan your referral to nursing@florence2care.co.nz or fax to 03 366 3820