

# Peke Waihanga Orthotic Service

triage - for Peke Waihanga use only

Priority		Clinician	Room
P1*	P1	Orthotist Podiatrist	Special Instructions
P2	P3	Any	

## patient referral form

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**patient details** - referrals must contain **all mandatory\*** information or will not be accepted

**Patient details** (or affix label here)

Title\* Name\*

Date of Birth\*

Patient NHI\*

**Patient gender**

Male  Female  Other

**Ethnicity**

- New Zealand European  Tokelauan  
 Māori  Fijian  
 Samoan  Cook Island Māori  
 Chinese  Tongan  
 Indian  Niuean  
 Other (please specify)

**ACC** (if applicable)

Claim no. Date of injury

**Where should the patient be seen**

- Inpatient (specify ward)  
 DHB Outpatient Clinic  
 PW Community Clinic

**Contact details**

Street address\*

Town/City\*

Postcode Phone

Email

**Alternative contact details**

Name Phone

**diagnosis & treatment required** - referrals must contain **all mandatory\*** information or will not be accepted

Primary diagnosis\*

Relevant conditions\*

Bracing objective\*

Digital amputation or active wound\*

Date of Amputation (if applicable)

Patient alerts

Interpreter required  No  Yes (please indicate)

Does the patient have a current infectious disease?

Yes\*  No  Not known

\* Details

**Referrer** - referrals must contain **all mandatory\*** information or will not be accepted

Referrer name\* Phone or Email\*

Role Department Date of Referral\*

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patient referral form

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## referral pathway

Is the orthosis for a **functional deficit due to a permanent disability** (i.e. long-standing stroke) and likely to be **required for more than six months**?

No

Yes

Use Peke Waihanga orthotic referral for:

- Any need likely to last less than 6 months
- Post-surgery
- Diabetes related
- A personal health condition (e.g. arthritis, result of ageing)
- For an exacerbation of medical condition
- An injury

Refer to MoveMe Health via email:

✉ [info@moveme.health](mailto:info@moveme.health)

### Note:

The majority of orthotic patients in the hospitals would be defined as **personal health patients** and therefore would require Peke Waihanga referral for orthotics.

If in the uncommon situation that **disability support services** orthotics are required as an inpatient, the patient should be referred to MoveMe Health via email.

referral triage - for Peke Waihanga use only