Mercy Hospice Auckland
Te Korowai Atawhai

GP/Medical Specialist Referral to Mercy Hospice Auckland

If this referral needs urgent attention (initial contact within 48 hours), please phone the hospice directly (ph 361 5966)

Patient consents to Hospice involvement (MANDATORY)			
☐ **Yes** ☐ **No**	REQUEST	Community Services	☐
		Inpatient Admission	☐
	PRIORITY	Urgent (<48hr)	☐
		Non-Urgent (3-7 days)	☐

Name		DOB	
Address		NHI	
		Phone (home)	
Ethnicity		Phone (mobile)	
Interpreter required?	☐ Yes ☐ No	Patient lives alone	☐ Yes ☐ No
Main Carer Name		Phone (home)	
Relationship		Phone (mobile)	

Diagnosis	

Reasons for Referral

Issues	None	Potential	Significant	Details
Physical symptoms				
Social needs				
Psychological/emotional				
Cultural/spiritual				
Comments/additional information (incl infection issues eg MRSA/EBSL)				

Referrer Name/Address/Phone (or practice stamp)	Signature	Date

Fax to 361 5977