

## GP/Medical Specialist Referral to Mercy Hospice

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

### MANDATORY

<b>Patient consents to Hospice Involvement</b>	<b>Patient is New Zealand Resident</b>	REQUEST	Community Services <input type="checkbox"/>
<input type="checkbox"/> Yes    No <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	PRIORITY	Urgent (<48hr) <input type="checkbox"/>
			Non-Urgent (3-7 days) <input type="checkbox"/>

Name		DOB	
Address		NHI	
		Phone (home)	
Ethnicity		Phone (mobile)	
Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient lives alone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Main Carer Name		Phone (home)	
Relationship		Phone (mobile)	

Diagnosis	
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### 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

Email [referrals@mh.org.nz](mailto:referrals@mh.org.nz)