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| Burn Support Charitable Trust  Electronic Referral from a Health Professional  EMAIL REFERRAL TO: [info@burns.org.nz](mailto:info@burns.org.nz) |

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| **Burn Survivor/Parent or Guardian** (as applicable) are aware **and** consent to this referral.  ***Please note that a referral will not be accepted without consent being given by the Burn Survivor &/or Parent or Guardian.***  ***Please ensure the consent boxed is ticked and consent has been gained before submitting the referral.*** | | | |
| **Burn Survivors Name:** Type into this space | | Type into this space | |
| **Name of Parent or Guardian contact:**  (if Burn Survivor is under 18 years old) | | Type into this space | |
| **Date of Referral:** | dd/mm/yyyy | **Date of Birth:** | dd/mm/yyyy |
| **Postal Address:** | Type into this space | **Ethnicity:** | Type into this space |
| Type into this space | **Gender:** | Type into this space |
| Type into this space | **Phone:** | Type into this space |
| **Email Address:** | Type into this space | | |
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| **What support does the Burn Survivor require?**  *Select all that are applicable* | | | |
| *(double click on box to check)*  Please offer Peer support options.  Please make a Hospital visit.   |  |  |  |  | | --- | --- | --- | --- | | **Date Admitted:** | Type into this space | **Hospital to visit:** | Middlemore Hospital |   Please offer Family support/education.  Please offer Equipment funding (**ONLY** when all health service funding has been exhausted)   |  |  | | --- | --- | | **Referrer to specify:** | **Equipment required:** Type into this space | | **How the equipment will be of benefit:** Type into this space |   Please offer to accompany at return to school and/or liaise with school.  Please send out a Burn Support information pack to the burn survivor’s address. | | | |

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| **Any concerns, risk issues that the Burn Support Group Charitable Trust need to be aware of?** |
| **Please attach any additional information that will be of assistance to the development of supports for this Burn Survivor.** |

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| **Referrer Information** | | | |
| **Name:** | Type into this space | **Designation:** | Type into this space |
| **Organisation:** | Type into this space | **Email:** | Type into this space |
| **Phone:** | Type into this space | **Fax:** | Type into this space |