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| Burn Support Charitable TrustElectronic Referral from a Health ProfessionalEMAIL REFERRAL TO: 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.

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| **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)

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| **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 |