

Appendix F

Referral fax to Child, Youth and Family National Call Centre Ph 0508 FAMILY (0508 326 459)

To: **Child, Youth and Family National Call Centre**

Fax: **09 914 1211**

From: _____ Date: / /

Provider's name: _____

Practice name: _____

Telephone: _____ Fax: _____

Child's name: _____ Also known as: _____

Contact address: _____

Date of birth: / / Ethnicity: _____

Date of presentation: / / Telephone: _____

Mother: _____ Telephone: _____

Address: _____

Father: _____ Telephone: _____

Address: _____

Caregiver: _____ Telephone: _____

Address: _____

History and physical findings:

Tick other agencies involved:

Name: _____ Telephone: _____

- | | | |
|--|--|--|
| <input type="radio"/> Paediatrician | <input type="radio"/> Police | <input type="radio"/> Public Health Nurse |
| <input type="radio"/> Plunket | <input type="radio"/> Iwi/Māori Social Service | <input type="radio"/> Barnardos |
| <input type="radio"/> Open Home Foundation | <input type="radio"/> Family Start | <input type="radio"/> Pacific Peoples Social Service |
| <input type="radio"/> Homebuilders | <input type="radio"/> Any others | |

Signed: _____ Date: / /

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