

MIRAMARE

There are criteria defined by the Otago DHB for acceptance of referrals by Miramare, and for deciding who can remain in the service and who can be discharged.

This is the Miramare Referral Form. We ask it be filled out completely. We need to consider whether we accept a client, or cease services for them, and how quickly we can respond. We ask you to provide all the information requested.

Also see the service Criteria. We apply these criteria in decisions about ongoing work as well as at the time of referral.

Also see the Priority Policy. This helps us sort out who we will see first. We do not take clients in strict chronological order of referral. Many clients are seen immediately and some are required to wait.

Date of Referral :

This referral made by

Name :
Workplace :
Address :
Phone or email :

Do you have client authority to provide this information.

Yes **No**

1	Surname	*
1a	First Name	*
2	Other name	
3	DOB	*
4	NHI	*
5	Male or Female	*
6	Title	
7	Address	*
8	Postal Address	
9	Phone	*
10	Ethnic Group	*

Is there a parent/caregiver for this client whom we should contact first.

If so. **Name**
Address
Phone

