



CANTERBURY CHARITY HOSPITAL TRUST

"By the Community - For the Community"

REFERRAL FORM

This is available via web site - www.charityhospital.org.nz

This form can be faxed, posted or delivered.

PATIENT DETAILS

Family Name _____ First Name _____

NHI _____ DOB _____

Address _____

Contact phone numbers _____ home* (*essential)
 _____ mobile
 _____ email

GP DETAILS

Name _____

Medical Centre _____

Phone _____ Fax _____

Email _____

REFERRAL DETAILS

Request treatment for _____

GP referral letter to be attached Yes No

Patient assessment filled out as per web site Yes No
 (www.charityhospital.org.nz)

349 Harewood Road, Christchurch

PO Box 20409 Christchurch

Telephone (03) 360 2266, Facsimile (03) 360 2616

Email referrals@charityhospital.org.nz

Website www.charityhospital.org.nz