

# Pacific HHI Referral Form



PATIENT INFORMATION			
To be eligible for the Pacific Healthy Homes program <b>ALL SECTIONS MUST BE COMPLETED</b> in the eligibility criteria. Referrals can be sent to <a href="mailto:referrals@awhi.co.nz">referrals@awhi.co.nz</a> . For any enquiries, please call on 0800 100 AWHI (0800 100 2944)			
<b>Patient Name:</b>		<b>Email Address:</b>	
<b>NHI:</b>		<b>Contact Number 1</b>	
<b>Gender:</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<b>Contact Number 2</b>
<b>DOB:</b>	<b>Address</b>		
<b>Ethnicity:</b>			

ELIGIBILITY CRITERIA												
<b>ELIGIBILITY GROUPS (Required)</b> <i>*refer page 2</i>	<b>ASH TOP 10 CONDITIONS</b>											
	<b>45+ years presented/diagnosed with any of the following conditions:</b>											
	<table border="0"> <tr> <td><input type="checkbox"/> Angina and chest pain</td> <td><input type="checkbox"/> Pneumonia</td> </tr> <tr> <td><input type="checkbox"/> Myocardial infarction</td> <td><input type="checkbox"/> Kidney/Urinary tract infection</td> </tr> <tr> <td><input type="checkbox"/> Cellulitis</td> <td><input type="checkbox"/> Stroke</td> </tr> <tr> <td><input type="checkbox"/> Gastroenteritis/Dehydration</td> <td><input type="checkbox"/> Congestive heart failure</td> </tr> <tr> <td><input type="checkbox"/> COPD</td> <td><input type="checkbox"/> Diabetes</td> </tr> </table>	<input type="checkbox"/> Angina and chest pain	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Myocardial infarction	<input type="checkbox"/> Kidney/Urinary tract infection	<input type="checkbox"/> Cellulitis	<input type="checkbox"/> Stroke	<input type="checkbox"/> Gastroenteritis/Dehydration	<input type="checkbox"/> Congestive heart failure	<input type="checkbox"/> COPD	<input type="checkbox"/> Diabetes	
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	<b>RHEUMATIC FEVER</b>											
	<input type="checkbox"/> 0-19 years with 3 or more household episodes of Group A Streptococcus (GAS) pharyngitis <input type="checkbox"/> 0-19 years with Rheumatic Fever OR A member of the household with Rheumatic Fever and receives Prophylactic medication. <b>Is the home functional or structural crowding* (tick one)</b> <input type="checkbox"/> Functional <input type="checkbox"/> Structural											
<b>SOCIAL INDICATORS</b>												
<input type="checkbox"/> Whānau with children <u>aged 0-5</u> and have 2 social indicators ( <i>refer to page 2</i> )												
<b>MĀMA AND PĒPI</b>												
<input type="checkbox"/> Pregnant woman / Hapu Māmā <input type="checkbox"/> New-born up to 5 years												
<b>HOUSING RELATED CONDITIONS:- 0-19 years presented/diagnosed with any of the following conditions:</b>												
<table border="0"> <tr> <td><input type="checkbox"/> Bronchiolitis</td> <td><input type="checkbox"/> Meningococcal Disease</td> </tr> <tr> <td><input type="checkbox"/> Pneumonia</td> <td><input type="checkbox"/> GAS Sepsis</td> </tr> <tr> <td><input type="checkbox"/> Bronchiectasis</td> <td><input type="checkbox"/> Post Strep GN</td> </tr> <tr> <td><input type="checkbox"/> Tuberculosis</td> <td><input type="checkbox"/> Acute Rheumatic Fever</td> </tr> <tr> <td><input type="checkbox"/> Lower Respiratory Tract Infection</td> <td><input type="checkbox"/> Skin Infections*</td> </tr> <tr> <td><input type="checkbox"/> Asthma</td> <td></td> </tr> </table>	<input type="checkbox"/> Bronchiolitis	<input type="checkbox"/> Meningococcal Disease	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> GAS Sepsis	<input type="checkbox"/> Bronchiectasis	<input type="checkbox"/> Post Strep GN	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Acute Rheumatic Fever	<input type="checkbox"/> Lower Respiratory Tract Infection	<input type="checkbox"/> Skin Infections*	<input type="checkbox"/> Asthma	
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<b>INCOME &amp; RESIDENCY STATUS</b> <i>(Required)</i> <i>*refer page 2</i>	<b>Does the patient have a community services card (CSC) or are eligible for one?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Is there at least one member of the household? (tick one)</b> <input type="checkbox"/> NZ Citizens <input type="checkbox"/> Permanent Resident											
<b>Housing type</b> <i>(Required)</i>	<table border="0"> <tr> <td><input type="checkbox"/> Homeowner</td> <td><input type="checkbox"/> Community Housing</td> </tr> <tr> <td><input type="checkbox"/> Rent Privately</td> <td><input type="checkbox"/> Boarding (Kainga Ora)</td> </tr> <tr> <td><input type="checkbox"/> Kainga Ora (previously Housing NZ)</td> <td><input type="checkbox"/> Boarding (Private Rental)</td> </tr> <tr> <td><input type="checkbox"/> Transitional Housing</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Emergency Housing</td> <td></td> </tr> </table>	<input type="checkbox"/> Homeowner	<input type="checkbox"/> Community Housing	<input type="checkbox"/> Rent Privately	<input type="checkbox"/> Boarding (Kainga Ora)	<input type="checkbox"/> Kainga Ora (previously Housing NZ)	<input type="checkbox"/> Boarding (Private Rental)	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Other _____	<input type="checkbox"/> Emergency Housing		
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<b>Informed Consent</b> <i>(Required)</i>	I have explained the purpose of the Pacific Healthy Homes programme and how the patients' information (as above) will be used. The patient (stated above) has verbally consented to participate in the Pacific Healthy Homes programme and for NHI data to be shared with Te Whatu Ora.  <input type="checkbox"/> Yes <input type="checkbox"/> No
	I have read the discharge summary dated ___/___/___ and consent to it being shared as supporting information with AWHI and understand that they may pass this information onto the Ministry of Social Development with this referral.  <b>NAME</b> _____ <b>SIGNATURE</b> _____

REFERRER INFORMATION			
Referred Date		Organisation Name	
Referrer Name		Referrer Contact	
Referrer Email		Would you like to be contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need an interpreter			<input type="checkbox"/> Yes <input type="checkbox"/> No

## INFORMATION SHEET

This information sheet provides referrers with further information about eligibility criteria for the AWHI programme.

### Eligibility Criteria:

TOP 10 AMBULATORY SENSITIVE HOSPITALISATION CONDITIONS 45+	
<u>Ambulatory Sensitive Hospitalisation:</u> Low income, Pacific person who have experienced an ASH condition. ASH conditions include: <ul style="list-style-type: none"> <li>▪ Angina and chest pain</li> <li>▪ Myocardial Infarction</li> <li>▪ Cellulitis</li> <li>▪ Gastroenteritis/dehydration</li> </ul>	<ul style="list-style-type: none"> <li>▪ COPD</li> <li>▪ Pneumonia</li> <li>▪ Kidney/Urinary infection</li> <li>▪ Stroke</li> <li>▪ Congestive heart failure</li> <li>▪ Diabetes</li> </ul>

HOUSING RELATED CONDITIONS	SOCIAL INDICATORS
<u>Skin conditions:</u> Crowded living conditions can contribute towards skin infections. Skin infections include: <ul style="list-style-type: none"> <li>▪ Scabies</li> <li>▪ Impetigo</li> <li>▪ Cellulitis</li> <li>▪ Infected eczema</li> </ul>	<u>Whanau must have a child aged 0-5 AND have 2 of the following:</u> <ol style="list-style-type: none"> <li>1. Mother with no formal qualifications</li> <li>2. Long term benefit – receipt</li> <li>3. Caregiver with corrections history</li> <li>4. Child, Youth and Family finding abuse or neglect.</li> <li>5. At risk of housing indicator conditions</li> </ol>

OVER CROWDING
<ul style="list-style-type: none"> <li>▪ <u>Functional crowding</u> - the family sleeping together in one room to keep warm</li> <li>▪ <u>Structural crowding</u> – more than 2 people per bedroom</li> </ul>

### Informed consent:

*This Pacific HHI service has is provided by a partnership of organisations in the community; National Hauora Coalition (AWHI), Habitat for Humanity, Pacifica Family Health and Vaka Tautua. You may be contacted by these organisations to provide support to you and your aiga.*