

Fill in only if patient label is unavailable

Name: DoB:

NHI: Phone:

Address:

**SPRINGHILL REFERRAL**

# SPRINGHILL REFERRAL – 2020

**Please either: Post to – Springhill Treatment Centre, 42 Morris Street, Napier 4110**

 **Fax to – 06 835 3520**

**Or Email to –** **springhill@hbdhb.govt.nz**

**For phone enquiries, please call 06 873 4896**

**Please ensure your client is clear from alcohol and/or illegal drugs for at least 7 days prior to admission. This will ensure a more successful start to their stay with us. Thank you.**

**Hawke’s Bay DHB is a teaching DHB, and we may have health professional students attending the centre. Please ensure your client is aware of this.**

**Client Details:**

Client Name:

Client Address:

Phone: Email::

DOB: NHI::

Male/Female: Marital Status:

Ethnicity (include any Iwi affiliation):

General Practitioner:

Is the client smokefree?:

Dependent Children? No / Yes, how many?

Paying Child Support for any children? No / Yes

Adequate childcare provisions have been made? No / Yes

**Referrer Details:**

Referrer Name:

Organisation and Address:

Phone: Email::

Extent and frequency of contact with client:

***Please attach a copy of your Comprehensive Assessment and Go To Plan/Recovery Plan. This is not necessary for Hawke’s Bay referrals if the above documents are on ECA.***

# SPRINGHILL REFERRAL – Financial Information

**Please ensure this is filled out or the referral will be returned as incomplete.**

**Clients need to be on a Jobseeker Deferred Benefit to be eligible for attending Residential Treatment. Your Client also needs to have a Work Capacity medical certificate to cover them for their expected treatment dates.**

**Present Financial Status:**

Work and Income Benefit / Employment / Other (please state)

*(please circle)*

Weekly payments for Child Support, court fines, loans, bad debts etc? Total $

**If your client is benefit supported, this must have started prior to admission at Springhill or they will not be admitted. They must be on a Jobseeker Deferred (old sickness benefit) and have a Work Capacity medical certificate to cover their intended treatment period.**

We strongly suggest they defer **all possible** automatic payments during their admission to Springhill, as whilst a resident their weekly entitlement from WINZ will be $65.98 and if the fines etc. exceed this amount then **WINZ will not approve your funding**.

If you are not living within the following DHB areas then you are not eligible for funding and treatment will be at your own cost of $15342.32 + GST for the 8 weeks. The invoice will need to be paid in advance prior to entry.

Any Other Information:

Signature: Date:

Name: Designation: