

New Referrer Information Form



Please complete all relevant information and return to: cscl.referrerupdates@sclabs.co.nz

Referrer Information

Salutation	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please state)
Job Title	<input type="checkbox"/> GP	<input type="checkbox"/> Midwife	<input type="checkbox"/> Nurse	<input type="checkbox"/> NSPR	<input type="checkbox"/> Other (please state)
Surname					
First Name					
Mobile					

Role

<input type="checkbox"/> Specialist	<input type="checkbox"/> GP	<input type="checkbox"/> Locum	<input type="checkbox"/> Practice Nurse / Smear Taker
CPN (HPI) #:	NZMC #:	NCONZ #:	

Practice Information

Practice Name			
HPI Facility ID	EDI		
PMS (Practice Management)	Practice email		
Main type of work	<input type="checkbox"/> General Practice	<input type="checkbox"/> Specialist Practice	Other:
Phone	Healthlink address		
Preferred results delivery (tick)	<input type="checkbox"/> Electronic	<input type="checkbox"/> Email	Other:
Practice Manager / Main Contact Name	Practice Manager / Main Contact Email		

Physical Communications

	Postal Address (NZ Post format)
Street Address	
Suburb	
City	
Post Code	

Our practice agrees to receive electronic information and updates from Canterbury SCL

Privacy Statement Canterbury SCL, a division of APHG, collects this information to facilitate the sending of laboratory results and related health information. Canterbury SCL will also share this information with other organisations within the health sector for clinical purposes.

Requested by (Name): _____ Signature: _____ Date: _____