



Home Visit Booking Requirements Form

****FOR REST HOME & CARE FACILITY USE ONLY****

Please forward all documentation to: **home.visit@wellingtonscl.co.nz**

NAME OF REST HOME OR CARE FACILITY: _____

WING/AREA (If applicable e.g. Dementia/Hospital wing): _____

REST HOME/CARE FACILITY EMAIL ADDRESS: _____

Please note:

- We are unable to book blood tests more than 2 weeks in advance.
- Please ensure this request is forwarded to the above email address no later than 3pm on the business day prior to the date of visit.
- Blood tests requested to be done on the same day of booking or outside the care facility's set day must be requested as clinically urgent by the doctor.

For all blood test bookings (EXCEPT INR TESTING - see below):

Please scan & email the laboratory blood test request forms for all patients to

home.visit@wellingtonscl.co.nz

All blood test request forms must include:

- Patient's full given name. Date of birth & NHI number
- Name of requesting doctor
- Required tests
- Preferred date of visit (if no date is on the form, it will be booked for your next set day)

FOR INR TEST BOOKINGS ONLY:

A lab request form must be provided when the patient has their 1st INR test at your facility.

For subsequent INR bookings, no further lab forms are required, just the date next INR is due.

Please complete the list below for all patients requiring INR bookings at your facility:

PATIENTS FULL GIVEN NAME	NHI NUMBER	DATE FOR NEXT INR