

# Accommodation Referral



## Referral Guidelines

To refer a patient to Ranui House please complete this form and send to [info@bmct.org.nz](mailto:info@bmct.org.nz) – our team will send a confirmation (subject to availability) by return email.

A Covid-19 vaccination pass is required for anyone entering Ranui House. We understand some passes may be expired however our team must still sight the pass.

Check-in time for a new patient is prior to 4.00pm Monday to Friday and check-out time is by 9.30am on day of departure unless prior arrangements have been made. Weekend arrivals are also welcome with prior arrangement.

## Patient Information

*All fields marked with \* are required*

Name of patient: \* .....

Date of referral: \* ..... Date of birth: \* .....

Ethnicity: \* NZ European  Māori  Pacific peoples  Asian  Middle Eastern, Latin American, African  Other

NHI: \* ..... Client ID (NTA): \* .....

Address: \* .....

..... Postcode: \* .....

Phone No: \* ..... Mobile No: \* .....

E-Mail: \* ..... Department: \* .....

Vaccine Pass all parties: \* Yes  No

Date of arrival in Christchurch: \* ..... Date of departure: \* .....

Will this person be accompanied by family or a support person? \* Yes  No

If **yes** please advise relationship to patient: .....

Name/s of family/support person: .....

Number of people requiring accommodation: \* Adults ..... Children .....

One carpark is allocated per apartment.

Please advise any special requirements (i.e. uses a walking frame, wheelchair, porta cot etc).

## Referrer Information

Referred By: \* ..... Designation: \* .....

E-Mail: \* ..... Phone: .....