

Accommodation Referral

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

Check-in time is prior to 4.00pm Monday to Friday and check-out time is by 9.30am on the 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 birth: *

Date of arrival: * Date of departure: *

Ethnicity: * NZ European Māori Pasifika Asian Indian Middle Eastern, Latin American, African

NHI: * Client ID (NTA): *

Address: *

..... Postcode: *

Phone No: * Mobile No: *

Email: * Department: *

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

If yes: Name/s of family/support person:

Relationship to patient: Phone No:

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).

Referrer Information

Referred By: * Designation: *

Email: *

Phone No: * Date: *