

Orthotics Prescription/Referral Form

Thank you for completing this form and forwarding it to [info@orthoticsactive.co.nz](mailto:info@orthoticsactive.co.nz).

Or post to: The Orthotic Centre Active New Zealand Limited, 616 Great South Road, Ellerslie, Auckland

PO Box 11203, Ellerslie, Auckland,NZ

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| **1. Client details** | |
| Client name: | ACC Claim number: |
| Address:                                          Phone:                 Email: | |
| Date of Birth:                                Date of Referral: | |

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| **2. Referrer details** |
| Referrer’s name:  Referrer Practice Name / Service:  Referrer’s contact details: |

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| **3. Orthoses details** |
| Is the condition being treated a result of an ACC covered injury?  Yes  No  Provisional Diagnosis:  Prescription Goals:  Orthoses prescribed if known: |
| **4. Attachments checklist** |
| Do you have any patient’s records related to this condition that will assist us in providing the treatment you have prescribed?” |

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| **5. Referrer declaration & signature** | |
| I declare that:  I have discussed the purpose of the orthoses with the client and advised why the recommended treatment is the appropriate treatment in this case  In my judgement, the recommended orthoses is required to support the treatment plan for a condition that is the result of personal injury caused by accident  The information I have provided in this referral is true and accurate to the best of my knowledge | |
| Signature: | Date: |

The information contained in this document is confidential to the addressee(s) and may be legally privileged.

All client information is treated with the strictest security and may only be forward to relevant clinical team members who are directly involved with their treatment programs. Please ensure all referral information is correct and accurate to support any ACC claim for orthotic treatment