



Orthotics Prescription/Referral Form

Thank you for completing this form and forwarding it to 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

1. Client details

Client name:

ACC Claim number:

Address:

Phone:

Email:

Date of Birth:

Date of Referral:

2. Referrer details

Referrer's name:

Referrer Practice Name / Service:

Referrer's contact details:

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?"

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