

# tamakihands

HAND  WRIST  ELBOW  
PHYSIOTHERAPY & OCCUPATIONAL THERAPY

## HAND THERAPY REFERRAL FORM

Name .....

Date of Birth .....

Address .....

.....

Phone .....

Email .....

ACC Number .....

Date of injury / When symptoms started .....

Diagnosis / Reason for referral .....

.....

.....

Further information .....

.....

.....

Referred by ..... (sign)

..... (print)

Date .....

Contact Details .....

*Please bring this form, paperwork & splint or brace you may have been given*

# Contact *tamakihands* to make an Appointment

**09 950 4849**

Phone at any time

**Online Booking:**

[www.tamakihands.co.nz](http://www.tamakihands.co.nz)

**Fax:** 09 950 6818

**Email:** [office@tamakihands.co.nz](mailto:office@tamakihands.co.nz)

**Sylvia Park**

Upper Level (Pak'nSave end)

286 Mt Wellington Highway

Auckland 1060

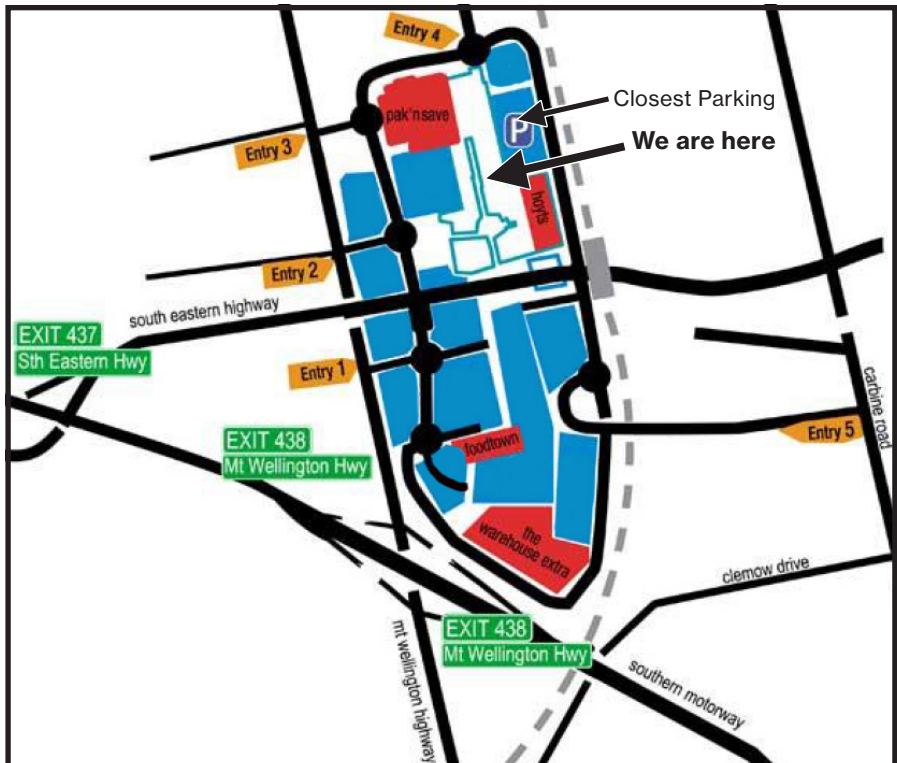
**Post:**

PO Box 87026

Meadowbank 1742

**f** [facebook.com/TamakiHands](https://facebook.com/TamakiHands)

**Healthlink EDI:** [tamaki.hands](http://tamaki.hands)



## Your First Appointment

Day ..... Date ..... Time .....

*Please arrive 5 - 10 minutes early to allow time to complete your consent forms*