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| **Evolution Care Pathway referral form** |
| * Use this form making a referral ICPMSK.
* Send this form to *icp@evolutioncare.com*
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| Date of referral: |  |
| **Referrer name** | «ClinicianFullName» |

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| Client Name: | «ClientFullName» | ACC Claim No: | «ClaimNo» |
| Job Role: |  | Injury Diagnosis: |       |
| Currently at work: | Yes / No | Date of Injury: | «DOI»  |
| DOB |  |  |  |
| Address |  | Phone |  |

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| **Entry criteria:** |
| [ ]  | ACC covered injury within the last 12 months and requires specialist oversight and interdisciplinary management and  |
| [ ]  | The Kiritaki confirms they plan on residing in NZ for the duration of their care |
| [ ]  | If greater than 12 months then ACC approval is required for 1 of the following before starting on prescreen/triage. * Ligament rupture with conservative mgmt.
* Post traumatic osteoarthritis
* Dislocation of shoulder
* Previous surgery with internal fixation where removal of metalware is being requested
* Send a request indicating one of the above diagnosis to accicp@acc.co.nz for the ACC team to review and then send the approval to icp@evolutioncare.com
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| **Injury related to one or more the be below Body site/s** |
| [ ]  | Knee  |
| [ ]  | Shoulder |
| [ ]  | Lumbar spine  |

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| **Questions?** |
| [ ]  | If you have any questions, please send you query to icp@evolutioncare.com |