A blue and white logo

Description automatically generated

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| **Evolution Care Pathway referral form** |
| * Use this form making a referral ICPMSK. * Send this form to [*icp@evolutioncare.com*](mailto:icp@evolutioncare.com) |

|  |  |
| --- | --- |
| Date of referral: |  |
| **Referrer name** | «ClinicianFullName» |

|  |  |  |  |
| --- | --- | --- | --- |
| 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](mailto:accicp@acc.co.nz) for the ACC team to review and then send the approval to [icp@evolutioncare.com](mailto:icp@evolutioncare.com) |

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| **Injury related to one or more the be below Body site/s** | |
|  | Knee |
|  | Shoulder |
|  | Lumbar spine |

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