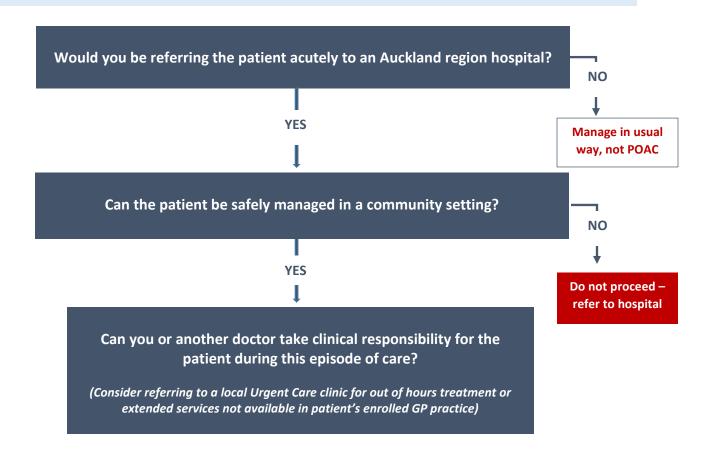
## POAC REFERRAL PROCESS

## **INITIAL PATIENT ASSESSMENT**

- In GP practice or Urgent Care\*
- In the hospital (ED/ward)
- At home by St John \*
- In residential care

<sup>\*</sup>Patient pays the initial consult or ambulance fee



**INITIATE POAC** referral electronically via PMS POAC form

**OR** complete a paper referral form (fax to POAC)

**OR** complete referral for home supports/respite care using POAC website **www.poac.co.nz** 

St John and hospital—follow normal pathways for POAC referral

**CALL POAC** to arrange ultrasound, CT, or transport **or** proceed with treatment in clinic, refer to Urgent Care or Xray

Ensure POAC case number is on any referral letters or request forms. See website for Clinical Pathways, FAQs, Claiming Schedule, Radiology & more.

## **CONTACT POAC**

PH: 09 535 7218

FAX: 09 535 7154

E: referral@poac.co.nz

W: www.poac.co.nz