


## Annexure 25: Referral and back referral form for WBPHCOT

 <p style="margin: 0;"><b>health</b> Department: Health REPUBLIC OF SOUTH AFRICA</p>	<p><b>Referral Form (from outreach team to provider)</b></p> <p><i>A person has been referred to your service by a member of the outreach team working in your ward. Community healthcare workers are mandated by the National Department of Health to identify community members in need of primary health and social services. Thank you for seeing this client, we look forward to working together for improved health and welfare for all South Africans.</i></p>																														
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<p><b>Provide a brief explanation for the referral</b> (<i>Include place client is being referred if not above and reason for referral</i>)</p> <p> </p> <p><i>Please complete Back-referral Form on the other side of this paper so we can ensure follow-up care. Please contact the outreach team leader noted on this form if you have any further questions regarding this referral.</i></p> <p>Signed _____ Date _____</p>																															



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

**Back-referral Form  
(from provider to outreach team)**

This client was seen by ( <i>provider name</i> )	Date client seen ( <i>dd/mm/yyyy</i> )
Facility name	Facility telephone number
Name of referring CHW	Name of team leader
<b>Client details</b>	
Client name and surname	Telephone number
<b>Findings</b> (include diagnosis with patient consent)	
<b>Actions taken</b> (including medicines given/prescribed if relevant)	
<b>Follow-up actions to be monitored or completed by CHW</b>	
Please send client back to this provider on/by _____ for further follow-up <span style="margin-left: 300px;"><i>(dd/mm/yyyy)</i></span>	
Signature	Date ( <i>dd/mm/yyyy</i> )